SIGNATURE PAGE

P-20-2023

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS.

Company Name:	Hackensack Meridian Team He	ealth. P.C. dba Hackensack M	eridian Works
		(PRINT)	
Preparer's Name:	Kate McDougall, Director Team	Health, External Clients	
	DocuSigned by:	(PRINT)	4
Signature:	kate McDougall		1/hv. 17,200
	A70F5751FCE04BD		(DATE)
Address:	2-12 Corbett Way, Suite 101		
	Eatontown, NJ 07724		
Telephone No.:	201-403-5320		
Fax No.:	732-263-7902		
E-Mail Address:	kate.mcdougall@hmhn.org		
	(This should be the ema	il where Contracts would	be sent)
Contact Person:	Kate McDougall		
FEIN:			
(Federal Employee ID) BRC:			
Business Registration Cert	tificate)		

(Revised 2/2017)

RFB# P-20-2023

County of Monmouth

REQUEST FOR BID

---- This Is Not An Order



Monmouth County Purchasing Hall of Records, 3rd Floor 1 East Main Street Freehold, NJ 07728 (732) 431-7370 Fax (732) 431-7379

Contact: Theresa Aziz

732-431-7370 x7371

PERFORM PRE-EMPLOYMENT MEDICAL EXAMINATIONS AND ADDITIONAL MEDICAL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DEPARTMENTS FOR THE PERIOD OF JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

November 22, 2022 10:30AM RFB must be received no later than:

Human Resources/Personnel Department, Hall of Records

1 East Main Street, First Floor, Freehold, NJ 07728

Dolivery Date:

1/1/2023-12/31/2023

TEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
1	MEDICAL EXAMINATION INCLUDING HEALTH HISTORY WITH OCCUPATIONAL FOCUS; VITALS, HEIGHT, WEIGHT, TEMP AND BLOOD PRESSURE; SNELLEN VISION	212 EACH	\$77.00	\$16,324.00
2	MEDICAL EXAMINATION PER OSHA HAZWOPER STANDARD, INCLUDING OSHA RESPIRATOR QUESTIONNAIRE AND CLEARANCE, MEDICAL HISTORY WITH EMPHASIS ON SYMPTOMS RELATED TO HANDLING HAZARDOUS SUBSTANCES AND HEALTH HAZARDS; FITNESS FOR DUTY; SNELLEN VISION; SCRIPTS FOR SELF-ADMINISTRATION OF DUO NERVE AGENT AUTO INJECTORS	10 EACH	\$102.00	\$1020.00
3	DOT EXAM (W/CARD) PERFORMED ACCORDING TO DOT REGULATIONS; INCLUDES ISSUANCE OF MEDICAL CERTIFICATE. NOTE: DOT EXAM INCLUDES THE FOLLOWING (6/20):DOT EXAM (W/CARD), INCLUDING HEALTH HISTORY WITH OCCUPATIONAL FOCUS; VITALS, HEIGHT, WEIGHT, TEMP AND BLOOD PRESSURE; SNELLEN VISION; FORCED WHISPER; EPWORTH SLEEPINESS SCALE; URINALYSIS	255 EACH	\$82.00	\$20,910.00
4	AUDIOGRAM	244 EACH	\$27.00	\$6,588.00
5	COMPREHENSIVE METABOLIC PANEL	194 EACH	\$31.00	\$6,014.00
6	COMPLETE BLOOD COUNT	194 EACH	\$23.00	\$4,462.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
7	URINALYSIS	162 EACH	\$21.00	\$3402.00
8	CHEST X-RAY 2-VIEW	57 EACH	\$77.00	\$4,389.00
9	CHEST X-RAY 2-VIEW (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS); REQUIRED AT EXIT	64 EACH	\$77.00	\$4,928.00
10	DRUG SCREEN 10-PANEL W/ MRO	163 EACH	\$51.00	\$8,313.00
11	EKG	87 EACH	\$51.00	\$4,437.00
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12	EKG (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS)	64 EACH	\$51.00	\$3,264.00
13	PULMONARY FUNCTION TEST	194 EACH	\$51.00	\$9,894.00
14	LIPID PANEL	194 EACH	\$31.00	\$6,014.00
	in de la companya de Hana de la companya			
15	OSHA RESPIRATOR QUESTIONNAIRE & CLEARANCE	269 EACH	\$26.00	\$6,994.00
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16	ISHIHARA TESTING (COLOR VISION)	176 EACH	\$8.00	\$1,408.00
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17	DOT DRUG SCREEN 5-PANEL W/ MRO	123 EACH	\$51.00	\$6,273.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
18	PPD & READING	124 EACH	\$31.00	\$3,844.00
19	PPD ONSITE READING (COST PER HOUR) \$60.00/HOUR/TEAM MEMBER FOR ONSITE PPD RELATED SERVICES	10 HOUR(S)	\$62.00 per hour/per HMTH team Member on site	\$620.00
20	BLOOD GLUCOSE	64 EACH	\$20.00	\$1,280.00
21	CARDIAC TREADMILL STRESS TEST (AGE 45 AND OVER IF MEDICALLY INDICATED)	8 EACH	\$332.00	\$2,656.00
22	HEPATITIS B VACCINATION SERIES OF 3; COST PER SHOT	84 EACH	\$67.00	\$5,628.00
23	HEPATITIS B ANTIBODY TITER	32 EACH	\$51.00	\$1,632.00
24	URINE FOR CADMIUM	23 EACH	\$46.00	\$1,058.00
25	URINE FOR HEAVY METAL SCREENING	8 EACH	\$102.00	\$816.00
26	URINE FOR ARSENIC	23 EACH	\$28.00	\$644.00
27	URINE FOR ZINC	23 EACH	\$31.00	\$713.00
28	BLOOD TEST - LEAD LEVELS	15 EACH	\$46.00	\$690.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
29	RESPIRATOR PHYSICIAN EXAMINATION - IF INDICATED PER OSHA RESPO REVIEW FOR CLEARANCE	9 EACH	\$77.00	\$693.00
30	PULMONARY FUNCTION TEST - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$51.00	\$459.00
31	CBC W/ DIFFERENTIAL - IF INDICATED PER OSHA RESPO REVIEW FOR CLEARANCE	9 EACH	\$31.00	\$279.00
32	CHEST X-RAY SINGLE - VIEW - IF INDICATED PER OSHA RESPO REVIEW FOR CLEARANCE	9 EACH	\$46.00	\$414.00
33	CHOLINESTERASE	8 EACH	\$67.00	\$536.00
34	BIO-MONITORING MEASUREMENT OF SPECIFIC SUBSTANCES OR METABOLITES IN BLOOD OR URINE; TOTAL NOT TO EXCEED \$1,000 (PRICING IS DEPENDENT OF TESTING REQUIRED)		Pricing is dependent on testing required	\$1,000.00
35	LYME ANTIBODY TEST	9 EACH	\$46.00	\$414.00
36	CONFIRMATION TESTING FOR POSITIVE LYME ANTIBODY TEST	5 EACH	\$842.00	\$4,210.00
37	INSTANT PREGNANCY TEST	4 EACH	\$26.00	\$104.00
38	WEST NILE VIRUS ANTIBODIES	1 ONLY	\$62.00	\$62.00
39	COVID-19 TEST (REQUIRED PRIOR TO CARDIAC STRESS TEST)	8 EACH	\$102.00	\$816.00

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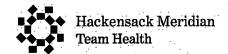
732-431-7370 x7371

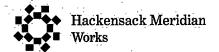
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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
40	AUDIOGRAM - IF INDICATED PER DOT FORCED WHISPER TEST	6 EACH	\$27.00	\$162.00
41	TUTMUS VISION TEST (Titmus)	1 ONLY	\$26.00	\$26.00
		TOTAL		\$142,778.00

Miscellaneous Services

Hackensack Meridian Works





II. MISCELLANEOUS COUNTY REQUESTS

- A. HMW will schedule all services within one week of the request by the County of Monmouth. HMW will schedule all appointments directly with the County and will not schedule with the candidate/employee.
- B. HMW will provide services within the requested clinic. HMW operates 6 clinics throughout Monmouth, Ocean, Middlesex and Bergen Counties. All locations are available for County use.

Office Locations in Monmouth, Ocean, Middlesex and Bergen Counties

Holmdel- 732-450-2930	Neptune- 732-776-4251	Iselin – 732-362- 3871
100 Commons Way	2441 Highway 33 Suite A	742 Route 1 North
Monday- Friday	Monday- Friday	Monday- Friday
7:30am- 5:00pm	7:30am-5:00pm	8:00-4:30
Lakewood -732-942-9550	Toms River- 732-557-0700	Maywood -551-996-8686
150 Airport Road Suite, 100	1430 Hooper Ave	87 Route 17 North Suite 13'
Monday- Friday	Monday – Friday	Monday- Friday
	8:30-5:00	7:30-4:00

- C. HMW will provide clearance determination for screenings within 3 business days of receipt of final results of all labs, substance abuse screenings and any additional required medical components in order to make a determination.
- D. In addition to standard forms utilized by the HMW, HMW agrees to complete other standardized County and state required forms at no additional cost to the County.
- E. HMTH will invoice Monmouth County Human Resources directly no less than monthly or within thirty days of providing services.
- F. Upon appointment, HMW will work with the County to gain understanding of the expectations of reports requested and will work with the County to furnish these reports accordingly. Should the County require a copy of the employee medical chart, the employee must sign a medical release form directing said reports to the dedicated County representative to receive these reports.
- G. HMW will provide upon request, required reports on drug and alcohol screening services rendered as per the guidelines established by the FTA and FMCSA.
- H. HMW will provide The Federal Drug Testing Custody and Control Form to Monmouth County's designated Human Resources representative whenever a pre-employment or other medical examination is performed for a CDL driver, as per the guidelines established by the FTA and FMCSA.
- I. All confirmed positive drug tests on any CDL driver will be reported by the HMW MRO assigned to Monmouth County into the FMCSA Clearinghouse.