

ANNUAL RFP #1690

MINIMUM REQUIREMENTS - RADIOLOGICAL DIAGNOSTIC SERVICES (Prices must include all Radiological Diagnostic Services and Fees)


ITEM #	DIAGNOSTIC PROCEDURE	ESTIMATED NUMBER OF REQUESTS	SPECIFY PRICE PER PER X-RAY	PRICE FOR 1-150	PRICE FOR 151-385	TOTAL PRICE
01	Hand	15 per month	x	\$65	\$45 =	AVERAGE PRICE PER 385 exams @ \$52.68 \$790.20
02	Finger	15 per month	x	65	45 =	790.20
03	Arm	10 per month	x	65	45 =	520.68
04	Knee	10 per month	x	N/A	=	N/A
05	Ankle	10 per month	x	65	45 =	520.68
06	Leg	10 per month	x	65	45 =	520.68
07	Face	15 per month	x	65	45 =	790.20
08	Skull	20 per month	x	65	45 =	1,053.60
09	Spine	20 per month	x	65	45 =	1,053.60
10	Abdomen (Flat)	10 per month	x	65	45 =	520.68
11	Sonogram	5 per month	x	*220	=	1,100.00
12	Chest	250 per month		65	45	13,170.00
MONTHLY GRAND TOTAL						
385 exams average price \$52.68 = \$20,281.80						
5 Ultrasound exams at \$220 = 1,100.00						
TOTAL PRICE ALL \$ 21,381.80						

*READING FEE FOR X-RAY \$15
 *READING FEE FOR SONOGRAM 30

On all other miscellaneous (currently in your catalog) radiology procedures, not listed, Cameron County will receive 0 % off list price.

On all new (not in the catalog as yet) miscellaneous radiology procedures, not listed, Cameron County will receive 0 % over your cost price.

All prices and %'s must include all Radiology services and fees, as well as all delivery fees.

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Signature 
Telephone 956-440-9729 Date 1-19-07