

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

September Session of the July Adjourned Term. 20 07

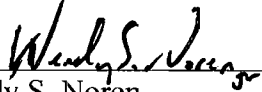
In the County Commission of said county, on the 6th day of September 20 07

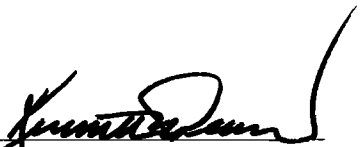
the following, among other proceedings, were had, viz:

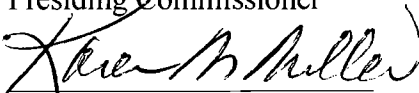
Now on this day the County Commission of the County of Boone does hereby approve the agreement with Boone Imaging Center for imaging services for the Boone County Jail. It is further ordered the Presiding Commissioner is hereby authorized to sign said agreement.

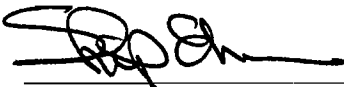
Done this 6th day of September, 2007.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner

Imaging Services Agreement

This agreement, dated the 6th day of September 2007, is made by and between Boone County, Missouri, through its County Commission (hereafter "County"), the Sheriff of Boone County, Missouri (hereafter "Sheriff") and Boone Imaging Center (hereafter "Boone Imaging").

Whereas, Sheriff operates a jail pursuant to the requirements of state law as described in chapter 221 of the Missouri Revised Statutes, with such operation funded by County; and

Whereas, the Sheriff is responsible for arranging for medical care for persons who are in the custody of the Sheriff, to assure that the serious or imminent medical needs of these individuals are not neglected while they are in custody; and

Whereas, the Sheriff provides physician and nursing services at the County Jail through its annual general fund appropriations established by County to address the medical needs of inmates; and

Whereas, these on-site services at the County Jail may not meet the needs of inmates who require medical imaging services; and

Whereas, Boone Imaging provides a range of medical imaging services; and

Whereas, the Sheriff and County believe it is in the interests of the citizenry to establish a consistent approach for addressing the provision of medical imaging services to inmates, including the payment for these services;

Now Therefore, Sheriff, County, and Boone Imaging enter into this agreement (hereafter "Agreement"), which applies to medical imaging services that are provided to individuals who are in the custody of the Sheriff (hereafter "Patients"). It is understood and agreed as follows:

1. Boone Imaging agrees to provide medical imaging services to inmate patients. It is understood that this Agreement applies only to medical imaging services that are provided by Boone Imaging upon authorization of the Sheriff's Medical Director or physician under contract with County, or his designee, or private physician approved and authorized by Sheriff to obtain these services.
2. County will compensate Boone Imaging for Patient services in accordance with the following understandings.
 - a. Boone Imaging will bill the Sheriff, and the County will compensate Boone Imaging, based upon the attached fee schedule for billed charges for medical imaging services that are provided to inmate patients, subject to the annual appropriations that are made available for these purposes.
 - b. Boone Imaging agrees to bill Sheriff within 60 days of service on form HCFA 1500 or any other form approved by the Medicare Program.

- c. The attached rates will apply to medical imaging services provided for the period August 1, 2007 through July 31, 2008 and in the future, while this Agreement is in effect and until such time as it is modified or terminated.
- 3. It is understood that the amount that is billed to Sheriff and paid by County for inmate patient services that are provided by Boone Imaging will not exceed the usual and customary rate that is billed to other third party payers for the same services, including either government or private payers.
- 4. Either the County or Boone Imaging may terminate or seek to modify this Agreement at any time upon providing reasonable advance written notice to the other party. It will be assumed that thirty days' notice is reasonable notice.

BOONE IMAGING CENTER

by: [Signature]
 title CFO

address 311 N. Keene St
Columbia, MO 65201

date: 9-18-07

BOONE COUNTY, MISSOURI

by: [Signature]
 Kenneth M. Pearson, Presiding Commissioner

SHERIFF OF BOONE COUNTY, MISSOURI

by: [Signature]
 Dwayne Carey, Sheriff

date: 8-31-07

APPROVED AS TO FORM:

[Signature]
 County Counselor

ATTEST:

[Signature]
 Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

No Encumbrance Required 9/27/2007 1255/86300/85610 - Term/Supply
 Signature Date Appropriation Account

<u>Procedure Name & Code:</u> MRI, Orbit, Face and/or Neck w/o (70540)	\$1,231.00
<u>CPT Code(s):</u>	
70540 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> 3-dimensional (3D)	\$356.00
<u>CPT Code(s):</u>	
76375 - CORONAL/SAGITTAL/MULTIPLANAR/OBLIQUE/3D/HOLOGRAPHIC CT/MRI/OTHER RECONSTRUCTION	
<u>Procedure Name & Code:</u> Injection Procedure for disco-lumbar (62290)	\$917.00
<u>CPT Code(s):</u>	
62290 - INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR	
<u>Procedure Name & Code:</u> Injection Procedure for disco-Cerv/Thora (62291)	\$823.00
<u>CPT Code(s):</u>	
62291 - INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	
<u>Procedure Name & Code:</u> Fluoroscopic guidance-needle placement (77002)	\$199.00
<u>CPT Code(s):</u>	
77002 - FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	
<u>Procedure Name & Code:</u> CT guidance (VTI) (77011)	\$949.00
<u>CPT Code(s):</u>	
77011 - COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$949.00
<u>CPT Code(s):</u>	
77075 - RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$211.00
<u>Procedure Name & Code:</u> Abdomen antero obliq/cone (abd>2)	\$87.00
<u>CPT Code(s):</u>	
74010 - RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	
<u>Procedure Name & Code:</u> Abd single anteropost view (abd1)	\$75.00
<u>CPT Code(s):</u>	
74000 - RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	
<u>Procedure Name & Code:</u> Abd acute incl supine&chest (abdw/chest)	\$116.00
<u>CPT Code(s):</u>	
74022 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, SINGLE VIEW CHEST	
<u>Procedure Name & Code:</u> Abd w/decub &/or erect (abdw/decub)	\$97.00
74020 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	
<u>Procedure Name & Code:</u> Acromioclavicular joints (acro j h)	\$79.00
<u>CPT Code(s):</u>	
73060 - RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Air contrast barium enema (Airbarium)	\$350.00

<u>CPT Code(s):</u>	
74280 - RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	
<u>Procedure Name & Code:</u> Ankle 2 views (ankle2)	\$70.00
<u>CPT Code(s):</u>	
73600 - RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	
<u>Procedure Name & Code:</u> Ankle min 3 views (ankle3)	\$75.00
<u>CPT Code(s):</u>	
73610 - RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Arthroinjlargejoint (arthro)	\$171.00
<u>CPT Code(s):</u>	
20610 - ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	
<u>Procedure Name & Code:</u> arthroinjectmedium (arthromed)	\$141.00
<u>CPT Code(s):</u>	
20605 - ARTHROCNTS ASPIR&/NJX INTRM JT/BURSA	
<u>Procedure Name & Code:</u> arthroinjsmalljoint (arthrosml)	\$129.00
<u>CPT Code(s):</u>	
20600 - ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES)	
<u>Procedure Name & Code:</u> Aspiration and/or injection ganglion cys (asp/inj)	\$155.00
<u>CPT Code(s):</u>	
20612 - ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	
<u>Procedure Name & Code:</u> Puncture aspiration of cyst of breast (aspirbreas)	\$290.00
<u>CPT Code(s):</u>	
19000 - PUNCTURE ASPIRATION OF CYST OF BREAST;	
<u>Procedure Name & Code:</u> Barium enema (bariumene)	\$258.00
<u>CPT Code(s):</u>	
74270 - RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	
<u>Procedure Name & Code:</u> Breast Biopsy (biobreast)	\$663.00
<u>CPT Code(s):</u>	
19102 - BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	
<u>Procedure Name & Code:</u> Biopsy Thyroid (biop)	\$218.00
<u>CPT Code(s):</u>	
60100 - BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	
<u>Procedure Name & Code:</u> Biopsy of lymph node (biopsylymp)	\$312.00
<u>CPT Code(s):</u>	
38505 - BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	
<u>Procedure Name & Code:</u> Biopsy Spinal Cord (biopsyspin)	\$1,706.00
<u>CPT Code(s):</u>	
62269 - BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	

<u>Procedure Name & Code:</u> Blood Patch (blood patc)	\$510.00
<u>CPT Code(s):</u>	\$510.00
62273 - INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	
<u>CPT Code(s):</u>	\$68.00
73650 - RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> carotid doppler bilateral (cardop)	\$484.00
<u>CPT Code(s):</u>	
93880 - DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	
<u>Procedure Name & Code:</u> carotid doppler unilateral (cardop2)	\$330.00
<u>CPT Code(s):</u>	
93882 - DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY	
<u>Procedure Name & Code:</u> Chest 2v fro/lat w apical (che 2/apic)	\$109.00
<u>CPT Code(s):</u>	
71021 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	
<u>Procedure Name & Code:</u> Chest special views (che spe v)	\$75.00
<u>CPT Code(s):</u>	
71035 - RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	
<u>Procedure Name & Code:</u> Chest min of 4 views (chest >4)	\$117.00
<u>CPT Code(s):</u>	
71030 - RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	
<u>Procedure Name & Code:</u> Chest single view (chest 1 v)	\$70.00
<u>CPT Code(s):</u>	
71010 - RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	
<u>Procedure Name & Code:</u> Chest 2 views with oblique (chest 2 o)	\$116.00
<u>CPT Code(s):</u>	
71022 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	
<u>Procedure Name & Code:</u> Chest 2 views front/lat (chest 2 v)	\$90.00
<u>CPT Code(s):</u>	
71020 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	
<u>Procedure Name & Code:</u> Chest 2 views fluoro (chest 2v f)	\$129.00
<u>CPT Code(s):</u>	
71023 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	
<u>Procedure Name & Code:</u> Chest stereo (chest ster)	\$79.00
<u>CPT Code(s):</u>	
71015 - RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	
<u>Procedure Name & Code:</u> Chest min 4 w/ fluoro (chest>4 fl)	\$202.00
<u>CPT Code(s):</u>	
71034 - RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH	

FLUOROSCOPY

<u>Procedure Name & Code:</u> Clavicle complete (clav comp)	\$72.00
<u>CPT Code(s):</u>	
73000 - RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	
<u>Procedure Name & Code:</u> Humerus >2 (clav hum>2)	\$79.00
<u>CPT Code(s):</u>	
73060 - RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Acromioclavicular bil w or w/o weight (clavj w/wo)	\$93.00
<u>CPT Code(s):</u>	
73050 - RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	
<u>Procedure Name & Code:</u> CTA angio chest w/wo contrast (ct cht w/w)	\$1,416.00
<u>CPT Code(s):</u>	
71275 - CTA CH C-/C+ POST-PXESSING	
<u>Procedure Name & Code:</u> CT cervical spine w/o contrast (ct csp w/o)	\$720.00
<u>CPT Code(s):</u>	
72125 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT cervical spine w/wo contrast (ct csp w/w)	\$1,013.00
<u>CPT Code(s):</u>	
72127 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT cervical spine w contrast (ct cspi w)	\$838.00
<u>CPT Code(s):</u>	
72126 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT head with contrast (ct hd w)	\$693.00
<u>CPT Code(s):</u>	
70460 - COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> CT head without contrast (ct hd w/o)	\$565.00
<u>CPT Code(s):</u>	
70450 - COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT head w/wo contrast (ct hd w/wo)	\$846.00
<u>CPT Code(s):</u>	
70470 - COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
Q9949 - Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	
<u>Procedure Name & Code:</u> CT limited or local follow up (ct li lo f)	\$466.00
<u>CPT Code(s):</u>	
76380 - COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	
<u>Procedure Name & Code:</u> CT lumbar spine with contrast (ct lsp w)	\$839.00
<u>CPT Code(s):</u>	
72132 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT lumbar spine w/o (ct lsp w/o)	\$720.00

<u>CPT Code(s):</u>	
72131 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT lumbar spine w/wo (ct lsp w/w)	\$1,014.00
<u>CPT Code(s):</u>	
72133 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT maxillofacial (sinus)with contrast (ct max w)	\$716.00
<u>CPT Code(s):</u>	
70487 - COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> CT maxillofacial (sinus) w/wo contrast (ct max w f)	\$866.00
<u>CPT Code(s):</u>	
70488 - COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT maxillofacial (sinus)w/o contrast (ct max w/o)	\$606.00
<u>CPT Code(s):</u>	
70486 - COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT neck(soft tissue) with contrast (ct nk w)	\$727.00
<u>CPT Code(s):</u>	
70491 - COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	
Q9949 - Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	
<u>Procedure Name & Code:</u> CT neck (soft tissue) w/o contrast (ct nk w/o)	\$625.00
<u>CPT Code(s):</u>	
70490 - COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT neck (soft tissue)w/wo further (ct nk w/wo)	\$870.00
<u>CPT Code(s):</u>	
70492 - COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT orbit/sella ear w/o contrast (ct orb w/o)	\$626.00
70480 - COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT orbit sella ear with contrast (ct orbit w)	\$727.00
<u>CPT Code(s):</u>	
70481 - COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> CT orbit sella ear w/wo contrast (ct orbw/wo)	\$870.00
<u>CPT Code(s):</u>	
70482 - CT ORBIT SELLA/POST FOSSA/EAR C-/C+	
<u>Procedure Name & Code:</u> CT pelvis w/wo contrast (ct p w/wo)	\$970.00
<u>CPT Code(s):</u>	
72194 - COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT pelvis w contrast (ct pel w)	\$809.00

<u>CPT Code(s):</u>	
72193 - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> CT pelvis w/o contrast (ct pel w/o)	\$710.00
<u>CPT Code(s):</u>	
72192 - COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT thorax(chest) with contrast (ct thor w)	\$841.00
<u>CPT Code(s):</u>	
71260 - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	
Q9949 - Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	
<u>Procedure Name & Code:</u> CT thorax(chest) w/o contrast (ct thor wo)	\$720.00
<u>CPT Code(s):</u>	
71250 - COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT thorax(chest) w/wo contrast further (ct thorw/w)	\$1,028.00
<u>CPT Code(s):</u>	
71270 - COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT thoracic spine w/o contrast (ct tsp w/o)	\$720.00
<u>CPT Code(s):</u>	
72128 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT thoracic spine w/wo contrast (ct tsp w/w)	\$1,013.00
<u>CPT Code(s):</u>	
72130 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	
<u>Procedure Name & Code:</u> CT thoracic spine with contrast (ct tspi w)	\$838.00
<u>CPT Code(s):</u>	
72129 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT upper extremity w/o contrast (ct up w/o)	\$620.00
<u>CPT Code(s):</u>	
73200 - COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> CT upper w/contrast (ct upw)	\$720.00
<u>CPT Code(s):</u>	
73201 - COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> CTA angio pelvis w/wo contrast (cta p w/o)	\$1,369.00
<u>CPT Code(s):</u>	
72191 - CTA PELVIS C-/C+ POST-PXESSING	
<u>Procedure Name & Code:</u> CTA angio upper ext wo/w contrast (cta upp)	\$1,273.00
<u>CPT Code(s):</u>	
73206 - CTA UXTR C-/C+ POST-PXESSING	
<u>Procedure Name & Code:</u> CT abd w/o & w cont further sect (ctabdfurth)	\$996.00
<u>CPT Code(s):</u>	
74170 - COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED	

BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS

Q9949 - Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml

Procedure Name & Code: CTA angio abdomen w & w/o contrast (ctabdpost) \$1,381.00

74175 - CTA ABD C-/C+ POST-PXESSING

Procedure Name & Code: CT abd w/contrast (ctabdw/con) \$825.00

CPT Code(s):

74160 - COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)

Procedure Name & Code: CT abd w/o cont (ctabdw/o) \$700.00

CPT Code(s):

74150 - COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL

Procedure Name & Code: CTA angiography head w & w/o contrast (CTAhead) \$1,247.00

70496 - CTA HEAD C-/C+

Procedure Name & Code: CTA angio neckw & w/o contrast (ctaneck) \$1,248.00

CPT Code(s):

70498 - CTA NCK C-/C+ POST-PXESSING

Procedure Name & Code: Ct Guidance needle placement (ctguid) \$940.00

CPT Code(s):

77012 - CT GUIDANCE NEEDLE PLACEMENT

Procedure Name & Code: CTA angio low ext w & w/o contrast (ctlow&w/o) \$1,285.00

CPT Code(s):

73706 - CTA LXTR C-/C+ POST-PXESSING

Procedure Name & Code: CT lower ext. with contrast (ctloww/) \$720.00

CPT Code(s):

73701 - COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)

Procedure Name & Code: CT lower ext w/o contrast (ctloww/o) \$620.00

CPT Code(s):

73700 - COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL

Procedure Name & Code: CT low ext w&w/o contrast cont further (ctloww/ofu) \$870.00

CPT Code(s):

73702 - COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS

Procedure Name & Code: CT upper w/wo further (ctupw/ofur) \$872.00

CPT Code(s):

73202 - COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS

Procedure Name & Code: CTA angio upper ext w & w/o contrast (ctupw/opus) \$1,273.00

CPT Code(s):

73206 - CTA UXTR C-/C+ POST-PXESSING

Procedure Name & Code: Cystography (cysto) \$145.00

CPT Code(s):

74430 - CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION

<u>Procedure Name & Code:</u> DEXA (dexa)	\$335.00
<u>CPT Code(s):</u>	
77080 - DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	
<u>Procedure Name & Code:</u> Discography cervical or thoracic (disk c t)	\$952.00
<u>CPT Code(s):</u>	
72285 - DISCOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	
<u>Procedure Name & Code:</u> Discography lumbar (disk l)	\$857.00
72295 - DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	
<u>Procedure Name & Code:</u> Duplex scan abd/retroper/limited (dopplerlim)	\$472.00
<u>CPT Code(s):</u>	
93976 - DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY	
<u>Procedure Name & Code:</u> Duplex Scan of aorta limited (dupaortali)	\$769.00
<u>CPT Code(s):</u>	
93979 - DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	
<u>Procedure Name & Code:</u> Duplex Scan lower ext artery bilateral (dupbilow)	\$540.00
<u>CPT Code(s):</u>	
93925 - DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	
<u>Procedure Name & Code:</u> Duplex scan abd/retroperitoneal (Duplexabd)	\$769.00
<u>CPT Code(s):</u>	
93975 - DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; COMPLETE STUDY	
<u>Procedure Name & Code:</u> Duplex aorta (duplexaort)	\$445.00
<u>CPT Code(s):</u>	
93978 - DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY	
<u>Procedure Name & Code:</u> Duplex scan lower ext artery unilateral (duplowuni)	\$369.00
<u>CPT Code(s):</u>	
93926 - DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	
<u>Procedure Name & Code:</u> Duplex scan veins bilateral (duplveinbi)	\$473.00
<u>CPT Code(s):</u>	
93970 - DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	
<u>Procedure Name & Code:</u> Duplex scan upper ext artery bilateral (dupupbil)	\$437.00
<u>CPT Code(s):</u>	
93930 - DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	
<u>Procedure Name & Code:</u> Duplex scan upper ext artery unilateral (dupupuni)	\$309.00

<u>CPT Code(s):</u>	
93931 - DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY	
<u>Procedure Name & Code: Duplex scan veins unilateral (dupveinuni)</u>	
<u>CPT Code(s):</u>	\$331.00
93971 - DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY	
<u>CPT Code(s):</u>	\$71.00
73070 - RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	
<u>Procedure Name & Code: Elbow Arthrography (elbow arth)</u>	\$276.00
<u>CPT Code(s):</u>	
73085 - RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	
<u>Procedure Name & Code: Elbow complete (elbow com3)</u>	\$79.00
<u>CPT Code(s):</u>	
73080 - RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code: Injection ESI cervical/thoracic (ESIC/T)</u>	\$630.00
<u>CPT Code(s):</u>	
62310 - NJX C+-DX/THER SBST EDRL/SARACH CRV/THRC	
<u>Procedure Name & Code: Injection ESI Lumbar, sacral (ESILum)</u>	\$598.00
<u>CPT Code(s):</u>	
62311 - NJX C+-DX/THER SBST EDRL/SARACH LMBR SAC	
<u>Procedure Name & Code: Esophagogram (Esophagogr)</u>	\$177.00
<u>CPT Code(s):</u>	
74220 - RADIOLOGIC EXAMINATION; ESOPHAGUS	
<u>Procedure Name & Code: Eye for detection of foreign body (eyefor)</u>	\$65.00
<u>CPT Code(s):</u>	
70030 - RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	
<u>Procedure Name & Code: Injection facet cerv/thor-fluoro (facetc/tfl)</u>	\$624.00
<u>CPT Code(s):</u>	
64470 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE; CERVICAL OR THORACIC, SINGLE LEVEL	
<u>Procedure Name & Code: Facial bones less than 3 views (facial<3)</u>	\$86.00
<u>CPT Code(s):</u>	
70140 - RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	
<u>Procedure Name & Code: Facial bones min of 3 (facial>3)</u>	\$111.00
<u>CPT Code(s):</u>	
70150 - RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	
<u>CPT Code(s):</u>	
73550 - RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	
<u>Procedure Name & Code: Fine Needle Aspiration (fine needl)</u>	\$360.00

<u>CPT Code(s):</u>	
10022 - FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	
<u>Procedure Name & Code:</u> Finger(s) min 2 views (finger2)	\$59.00
<u>CPT Code(s):</u>	
73140 - RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Intro of ureteral catheter or stent (fluorurete)	\$459.00
<u>CPT Code(s):</u>	
74480 - INTRO URTRL CATH/STENT PRQ RS&I	
<u>Procedure Name & Code:</u> Foot 2 views (foot2)	\$70.00
<u>CPT Code(s):</u>	
73620 - RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	
<u>Procedure Name & Code:</u> Foot 3 views (foot3)	\$75.00
<u>CPT Code(s):</u>	
73630 - RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Forearm 2 views (forearm 2v)	\$72.00
<u>CPT Code(s):</u>	
73090 - RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	
<u>Procedure Name & Code:</u> Gastrointestinal tract upper (GIupper)	\$237.00
<u>CPT Code(s):</u>	
74241 - RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	
<u>Procedure Name & Code:</u> Hand 2 views (hand2)	\$70.00
<u>CPT Code(s):</u>	
73120 - RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	
<u>Procedure Name & Code:</u> Hand min 3 views (hand3)	\$75.00
<u>CPT Code(s):</u>	
73130 - RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Hip unilateral 1 view (hip1)	\$69.00
<u>CPT Code(s):</u>	
73500 - RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW	
<u>Procedure Name & Code:</u> Hip uni 2 views (hip2)	\$85.00
<u>CPT Code(s):</u>	
73510 - RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Hips bilat 2 view includes pelvis 1 view (hipsbi2)	\$101.00
<u>CPT Code(s):</u>	
73520 - RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS	
<u>Procedure Name & Code:</u> Injection Transforaminal cerv/thoracic (Injcer/tho)	\$914.00
<u>CPT Code(s):</u>	
64479 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	

<u>Procedure Name & Code:</u> Injection facet cerv/thor-CT (injfacetce)	\$624.00
<u>CPT Code(s):</u>	
64470 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE; CERVICAL OR THORACIC, SINGLE LEVEL	
<u>Procedure Name & Code:</u> Injection facet lumbar/sacral (injfaclu)	\$808.00
<u>CPT Code(s):</u>	
64475 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL	
<u>Procedure Name & Code:</u> Inj Transforaminal lumbar/sacral (Injlumbar)	\$922.00
<u>CPT Code(s):</u>	
64483 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL	
<u>Procedure Name & Code:</u> Injection sacroiliac joint-CT (Injsacr)	\$1,025.00
<u>CPT Code(s):</u>	
27096 - INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	
<u>Procedure Name & Code:</u> Ivp Urography (ivp- xray)	\$229.00
<u>CPT Code(s):</u>	
74400 - UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY	
<u>Procedure Name & Code:</u> 3 views knee (knee 3<)	\$81.00
<u>CPT Code(s):</u>	
73562 - RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	
<u>Procedure Name & Code:</u> Knee 1 or 2 views (knee1or2)	\$75.00
<u>CPT Code(s):</u>	
73560 - RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	
<u>Procedure Name & Code:</u> Knee 3 views (knee3)	\$81.00
<u>CPT Code(s):</u>	
73562 - RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	
<u>Procedure Name & Code:</u> Knee 4 or more (knee4)	\$92.00
<u>CPT Code(s):</u>	
73564 - RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	
<u>Procedure Name & Code:</u> Knees standing A/P (kneesst,an)	\$72.00
<u>CPT Code(s):</u>	
73565 - RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	
<u>Procedure Name & Code:</u> Biopsy of Liver, percutaneous (liverbiops)	\$510.00
47000 - BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	
<u>Procedure Name & Code:</u> Lumbar spine 2-3 views (Lumb2-3)	\$96.00
<u>CPT Code(s):</u>	
72100 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	
<u>Procedure Name & Code:</u> Biopsy, lung or mediastinum, percutaneou (lungbiopsy)	\$268.00
<u>CPT Code(s):</u>	

32405 - BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	
<u>Procedure Name & Code:</u> Mandible less than 4 views (mandible<4)	\$75.00
<u>CPT Code(s):</u>	
70100 - RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	
<u>Procedure Name & Code:</u> Mandible min of 4 views (mandible>4)	\$94.00
<u>CPT Code(s):</u>	
70110 - RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Mastoids less than three (mastoids<3)	\$85.00
<u>CPT Code(s):</u>	
70120 - RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	
<u>Procedure Name & Code:</u> Mastoids min of 3 views (mastoids>3)	\$122.00
<u>CPT Code(s):</u>	
70130 - RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	
<u>Procedure Name & Code:</u> MRI chest w/wo contrast (mr ch w/wo)	\$2,619.00
<u>CPT Code(s):</u>	
71552 - MRI CH C-/C+	
<u>Procedure Name & Code:</u> MRI chest with contrast (mr che w)	\$1,496.00
<u>CPT Code(s):</u>	
71551 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI chest w/o contrast (mr che w/o)	\$1,250.00
<u>CPT Code(s):</u>	
71550 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA chest w or w/o contrast (mr che w/w)	\$1,312.00
<u>CPT Code(s):</u>	
71555 - MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI orbit face neck w/wo contrast (mr fa w/wo)	\$2,615.00
<u>CPT Code(s):</u>	
70543 - MRI ORBIT FACE&NCK C-/C+	
<u>Procedure Name & Code:</u> MRI orbit face neck with contrast (mr face w)	\$1,477.00
<u>CPT Code(s):</u>	
70542 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA head w or wo contrast (mr hd w/wo)	\$2,326.00
<u>CPT Code(s):</u>	
70546 - MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	
<u>Procedure Name & Code:</u> MRA head with contrast (mr head w)	\$1,226.00
<u>CPT Code(s):</u>	

70545 - MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA head wo contrast (mr head wo)	\$1,226.00
<u>CPT Code(s):</u>	
70544 - MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA neck with contrast (mr neck w)	\$1,226.00
<u>CPT Code(s):</u>	
70548 - MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA neck w/o contrast (mr neck wo)	\$1,226.00
<u>CPT Code(s):</u>	
70547 - MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA neck w/wo contrast (mr nk w/wo)	\$2,326.00
<u>CPT Code(s):</u>	
70549 - MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	
<u>Procedure Name & Code:</u> MRI orbit face neck w/o contrast (mr ofn w/o)	\$1,231.00
<u>CPT Code(s):</u>	
70540 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI pelvis with contrast (mr pel w)	\$1,495.00
<u>CPT Code(s):</u>	
72196 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI pelvis w/o contrast (mr pel w/o)	\$1,251.00
<u>CPT Code(s):</u>	
72195 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI pelvis w/wo contrast (mr pel w/w)	\$2,636.00
<u>CPT Code(s):</u>	
72197 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	
<u>Procedure Name & Code:</u> MRI lumbar spine w/contrast (mr sp l w)	\$1,520.00
<u>CPT Code(s):</u>	
72149 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI cervical spine w/wo contrast (mr sp w/wo)	\$2,710.00
<u>CPT Code(s):</u>	
72156 - MRI SPI CANAL&CNTS C-/C+ CRV	
Q9952 - Injection, gadolinium-based magnetic resonance contrast agent, per ml	
<u>Procedure Name & Code:</u> MRI cervical spine w contrast (mr sp/co w)	\$1,539.00
<u>CPT Code(s):</u>	
72142 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI thoracic spine w/wo contrast (mr spcw/wo)	\$2,710.00

<u>CPT Code(s):</u>	
72157 - MRI SPI CANAL&CNTS C-/C+	
Q9952 - Injection, gadolinium-based magnetic resonance contrast agent, per ml	
<u>Procedure Name & Code:</u> MRI cervical spine w/o contrast (mr spi w/o)	\$1,283.00
<u>CPT Code(s):</u>	
72141 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> MRI lumbar spine w/wo contrast (mr spl w/w)	\$2,682.00
<u>CPT Code(s):</u>	
72158 - MRI SPI CANAL&CNTS C-/C+ LMBR	
Q9952 - Injection, gadolinium-based magnetic resonance contrast agent, per ml	
<u>Procedure Name & Code:</u> MRI lumbar spine w/o contrast (mr splu wo)	\$1,382.00
<u>CPT Code(s):</u>	
72148 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> MRI thoracic spine w/o contrast (mr spth wo)	\$1,398.00
<u>CPT Code(s):</u>	
72146 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code:</u> MRI temporomandibular joint(s) (mr tmj)	\$1,267.00
<u>CPT Code(s):</u>	
70336 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	
<u>Procedure Name & Code:</u> MRI thoracic spine w/contrast (mr tsp w)	\$1,538.00
<u>CPT Code(s):</u>	
72147 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRA abdomen w or w/o contrast (mra abd)	\$1,310.00
<u>CPT Code(s):</u>	
74185 - MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI abdomen w/contrast (mrabdw/)	\$1,496.00
<u>CPT Code(s):</u>	
74182 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI abdomen w/o contrast (mrabdw/o)	\$1,252.00
<u>CPT Code(s):</u>	
74181 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI abdomen w & w/o contrast (mrabdw/of)	\$2,636.00
<u>CPT Code(s):</u>	
74183 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	
<u>Procedure Name & Code:</u> MRI brain w/wo contrast (mrbr w/wo)	\$2,681.00

<u>CPT Code(s):</u>	
70553 - MRI BRN BRN STEM C-/C+	
Q9952 - Injection, gadolinium-based magnetic resonance contrast agent, per ml	
<u>Procedure Name & Code: MRI brain with contrast (mrbrain w)</u>	\$1,519.00
<u>CPT Code(s):</u>	
70552 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code: MRI brain w/o contrast (mrbrainw/o)</u>	\$1,267.00
<u>CPT Code(s):</u>	
70551 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code: MRI lower ext any joint w/contrast (mrlojiw/)</u>	\$1,478.00
<u>CPT Code(s):</u>	
73722 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code: MRI lower any joint w/o contrast (mrlojiw/o)</u>	\$1,231.00
<u>CPT Code(s):</u>	
73721 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	
<u>Procedure Name & Code: MRI low ext any joint w/wo contrast (mrlojow/of)</u>	\$2,616.00
<u>CPT Code(s):</u>	
73723 - MRI ANY JT LXTR C-/C+	
<u>Procedure Name & Code: MRI lower ext no joint w/wo contrast (mrlow&w/o)</u>	\$2,616.00
<u>CPT Code(s):</u>	
73720 - MRI LXTR OTH/THN JT C-/C+	
<u>Procedure Name & Code: MRI lower ext no joint w/contrast (mrlow/con)</u>	\$1,476.00
<u>CPT Code(s):</u>	
73719 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code: MRI lower ext no joint w/o contrast (mrlow/o)</u>	\$1,231.00
<u>CPT Code(s):</u>	
73718 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code: MRI upper no joint w/contrast (mruow/)</u>	\$1,476.00
<u>CPT Code(s):</u>	
73219 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code: MRI upper any joint w/wo contrast (mrupjoicon)</u>	\$2,616.00
<u>CPT Code(s):</u>	
73223 - MRI ANY JT UXTR C-/C+	
<u>Procedure Name & Code: MRI upper any joint w/contrast (mrupjoiw/)</u>	\$1,476.00
<u>CPT Code(s):</u>	

73222 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI upper any joint w/o contrast (mrupjoiw/o)	\$1,231.00
<u>CPT Code(s):</u>	
73221 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> MRI upper no joint w/wo contrast (mrupw&w/o)	\$2,617.00
<u>CPT Code(s):</u>	
73220 - MRI UXTR OTH/THN JT C-/C+	
<u>Procedure Name & Code:</u> MRI upper no joint w/o contrast (mrupw/o)	\$1,231.00
<u>CPT Code(s):</u>	
73218 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	
<u>Procedure Name & Code:</u> Myelography cervical (myelo cer)	
<u>CPT Code(s):</u>	
72240 - MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$575.00
62284 - INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	\$591.00
<u>Procedure Name & Code:</u> Myelography lumbosacral (myelo lumb)	
<u>CPT Code(s):</u>	
72265 - MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$499.00
62284 - INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	\$591.00
<u>Procedure Name & Code:</u> Myelography thoracic (myelo thor)	
<u>CPT Code(s):</u>	
72255 - MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$533.00
62284 - INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	\$591.00
<u>Procedure Name & Code:</u> Myelography entire spine (myelo enti)	
<u>CPT Code(s):</u>	
72270 - MYELOGRAPHY 2/MORE REGIONS RS&I	\$761.00
62284 - INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	\$591.00
<u>Procedure Name & Code:</u> Nasal bones (nasal>3)	\$74.00
<u>CPT Code(s):</u>	
70160 - RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Neck soft tissue (neck)	\$65.00
<u>CPT Code(s):</u>	
70360 - RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	
<u>Procedure Name & Code:</u> Neck parynx or larynx (neck,phar)	\$168.00
<u>CPT Code(s):</u>	
70370 - RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY	

AND/OR MAGNIFICATION TECHNIQUE	
<u>Procedure Name & Code:</u> Injection occipital nerve (occnervebl)	\$300.00
<u>CPT Code(s):</u>	
64405 - INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	
<u>Procedure Name & Code:</u> Pelvis one or two views (pelvis <2)	\$74.00
<u>CPT Code(s):</u>	
72170 - RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	
<u>Procedure Name & Code:</u> Pelvis min 3 v (pelvis >3)	\$93.00
<u>CPT Code(s):</u>	
72190 - RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Peritoneocentesis abdomen (Perito)	\$515.00
<u>CPT Code(s):</u>	
49080 - PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL	
<u>Procedure Name & Code:</u> Ribs bilateral 3v (ribs bi 3v)	\$112.00
<u>CPT Code(s):</u>	
71110 - RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	
<u>Procedure Name & Code:</u> Ribs unilat min 3 views includes chest (ribs post3)	\$101.00
<u>CPT Code(s):</u>	
71101 - RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Ribs bilat incl PA chest, min 4 views (ribs pt >4)	\$130.00
<u>CPT Code(s):</u>	
71111 - RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Ribs unilateral 2 v (ribs unil2)	\$85.00
<u>CPT Code(s):</u>	
71100 - RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	
<u>Procedure Name & Code:</u> Sacrum & Coccyx min of 2 views (sac coc >2)	\$79.00
<u>CPT Code(s):</u>	
72220 - RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Sacroiliac joints less than 3 views (sac jo <3)	\$74.00
<u>CPT Code(s):</u>	
72200 - RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	
<u>Procedure Name & Code:</u> Sacroiliac joints 3 or more views (sac joi >3)	\$86.00
<u>CPT Code(s):</u>	
72202 - RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	
<u>Procedure Name & Code:</u> Scanogram (scanogram)	\$114.00
<u>CPT Code(s):</u>	
76040 - BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	
<u>Procedure Name & Code:</u> Scapula complete (scapula c)	\$74.00

<u>CPT Code(s):</u>	
73010 - RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	
<u>Procedure Name & Code:</u> Shoulder 2 views or more (should >2)	\$80.00
<u>CPT Code(s):</u>	
73030 - RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Shoulder 1 view (should 1v)	\$66.00
<u>CPT Code(s):</u>	
73020 - RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	
<u>Procedure Name & Code:</u> Sinuses less than 3 views (sinuses<3)	\$84.00
<u>CPT Code(s):</u>	
70210 - RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	
<u>Procedure Name & Code:</u> Sinuses min of 3 views (sinuses>3)	\$110.00
<u>CPT Code(s):</u>	
70220 - RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Injection SI joint-Ultrasound (SIultra)	\$1,025.00
<u>CPT Code(s):</u>	
27096 - INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	
<u>Procedure Name & Code:</u> Skeletal Survey (skelsurv)	\$211.00
<u>CPT Code(s):</u>	
76062 - RADIOLOGIC EXAM, OSSEOUS SURVEY; COMPLETE (AXIAL & APPENDICULAR SKELETON)	
<u>Procedure Name & Code:</u> Skull min of 4 views w/wo stereo (skull>4)	\$133.00
<u>CPT Code(s):</u>	
70260 - RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Skull less than 4 views w/wo stereo (skull4w/wo)	\$93.00
<u>CPT Code(s):</u>	
70250 - RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	
<u>Procedure Name & Code:</u> Small bowel follow thru (smbow)	\$189.00
<u>CPT Code(s):</u>	
74250 - RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	
<u>Procedure Name & Code:</u> Small bowel & UGI (smbowel)	\$371.00
<u>CPT Code(s):</u>	
74249 - RADEX GI UPR C+ +-GLUC W/SM INT FOLLOW-THRU	
<u>Procedure Name & Code:</u> Spine thoracic minimum 4 views (spine >4)	\$118.00
<u>CPT Code(s):</u>	
72074 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Spine cervical 2-3 v (spine 2-3)	\$88.00
<u>CPT Code(s):</u>	
72040RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	
<u>Procedure Name & Code:</u> Spine thoracic 3v (spine 3v)	\$102.00

<u>CPT Code(s):</u>	
72072 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	
<u>Procedure Name & Code:</u> Spine cervical minimum of 4 views (spine c>4v)	\$130.00
<u>CPT Code(s):</u>	
72050 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Spine cerv complete inc obliq and flex (spine incl)	\$157.00
<u>CPT Code(s):</u>	
72052 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	
<u>Procedure Name & Code:</u> Spine lumbos min of 4 (spine l>4)	\$132.00
<u>CPT Code(s):</u>	
72110 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Spine lumbosacral 2-3v (spine lum)	\$96.00
<u>CPT Code(s):</u>	
72100 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	
<u>Procedure Name & Code:</u> Spine thoracic 2v (spine t 2v)	\$93.00
<u>CPT Code(s):</u>	
72070 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	
<u>Procedure Name & Code:</u> Spine 1v specify level (spine,1v s)	\$62.00
<u>CPT Code(s):</u>	
72020 - RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	
<u>Procedure Name & Code:</u> Spine lumbar complete includes bending (spinel ben)	\$163.00
<u>CPT Code(s):</u>	
72114 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	
<u>Procedure Name & Code:</u> Spine bending views only 4+ (spinelbend)	\$118.00
<u>CPT Code(s):</u>	
72120 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	
<u>Procedure Name & Code:</u> Sternoclavicular min 3 views (stenocl>3)	\$98.00
<u>CPT Code(s):</u>	
71130 - RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Thoracentesis (thoracen)	\$432.00
<u>CPT Code(s):</u>	
32000 - THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	
<u>Procedure Name & Code:</u> Tibia & fibula 2 views (tibfib2)	\$74.00
<u>CPT Code(s):</u>	
73590 - RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	
<u>Procedure Name & Code:</u> Temporomandibular joint arth (tmj arth)	\$275.00
<u>CPT Code(s):</u>	

70332 - TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	
<u>Procedure Name & Code:</u> Temporomandibular joint bilateral (tmjbi)	\$114.00
<u>CPT Code(s):</u>	
70330 - RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	
<u>Procedure Name & Code:</u> Temporomandibular joint unilateral (tmjuni)	\$72.00
<u>CPT Code(s):</u>	
70328 - RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	
<u>Procedure Name & Code:</u> Toe(s) 2 views (toe2)	\$59.00
<u>CPT Code(s):</u>	
73660 - RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	
<u>Procedure Name & Code:</u> Injection Transforaminal lumbar (transflumb)	\$922.00
<u>CPT Code(s):</u>	
64483 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL	
<u>Procedure Name & Code:</u> Ultrasound 1st trimester (us1st)	\$244.00
<u>CPT Code(s):</u>	
76801 - US PG UTER IMG F&MAT 14 WK TABDL 1/1ST GESTATION	
<u>Procedure Name & Code:</u> Ultrasound 1st additional (us1stadd)	\$191.00
<u>CPT Code(s):</u>	
76802 - US PG UTER F&MAT 14 WK TABDL EA GESTATION	
<u>Procedure Name & Code:</u> US abdominal complete (usabdcomp)	\$300.00
<u>CPT Code(s):</u>	
76700 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	
<u>Procedure Name & Code:</u> US abd limited (usabdlimit)	\$217.00
<u>CPT Code(s):</u>	
76705 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)	
<u>Procedure Name & Code:</u> US breast b-scan (usbreast)	\$175.00
<u>CPT Code(s):</u>	
76645 - ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), REAL TIME WITH IMAGE DOCUMENTATION	
<u>Procedure Name & Code:</u> US extremity nonvascular (usextnonva)	\$217.00
<u>CPT Code(s):</u>	
76880 - ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION	
<u>Procedure Name & Code:</u> US study follow up (usfollowup)	\$156.00
<u>CPT Code(s):</u>	
76970 - ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	
<u>Procedure Name & Code:</u> US pelvic complete (uspelvcomp)	\$241.00
<u>CPT Code(s):</u>	

76856 - ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	
<u>Procedure Name & Code:</u> US pregnant uterus complete 2nd & 3rd (uspregcom)	\$338.00
<u>CPT Code(s):</u>	
76805 - US PG UTER F&MAT AFTER 1ST TRI 1/1ST GESTATION	
<u>Procedure Name & Code:</u> US pregnant uterus follow up (uspregfol)	\$226.00
<u>CPT Code(s):</u>	
76816 - US PG UTER R-T IMG F-UP TABDL APPR PR FETUS	
<u>Procedure Name & Code:</u> US retroperitoneal complete (usretrocom)	\$289.00
<u>CPT Code(s):</u>	
76770 - ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	
<u>Procedure Name & Code:</u> US retroperitoneal limited (usretrolim)	\$216.00
<u>CPT Code(s):</u>	
76775 - ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	
<u>Procedure Name & Code:</u> US scrotum and contents (usscrotum)	\$234.00
<u>CPT Code(s):</u>	
76870 - ULTRASOUND, SCROTUM AND CONTENTS	
<u>Procedure Name & Code:</u> US soft tissue head & neck (ustishead)	\$213.00
<u>CPT Code(s):</u>	
76536 - ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), REAL TIME WITH IMAGE DOCUMENTATION	
<u>Procedure Name & Code:</u> US transvaginal pregnant (ustranpreg)	\$248.00
<u>CPT Code(s):</u>	
76817 - ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	
<u>Procedure Name & Code:</u> US transvaginal (ustransvag)	\$241.00
<u>CPT Code(s):</u>	
76830 - ULTRASOUND, TRANSVAGINAL	
<u>Procedure Name & Code:</u> Ultrasound pre/post void (usvoid)	\$41.00
<u>CPT Code(s):</u>	
51798 - MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	
<u>Procedure Name & Code:</u> Wrist 2 views (wrist2)	\$71.00
<u>CPT Code(s):</u>	
73100 - RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	
<u>Procedure Name & Code:</u> Wrist min of three views (wrist3)	\$75.00
<u>CPT Code(s):</u>	
73110 - RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	
<u>Procedure Name & Code:</u> Small Bowel Follow thur (x smal bow)	\$189.00
<u>CPT Code(s):</u>	

74250 - RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

September Session of the July Adjourned

Term. 20 07

In the County Commission of said county, on the

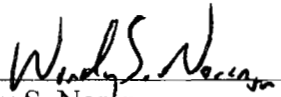
6th day of September 20 07

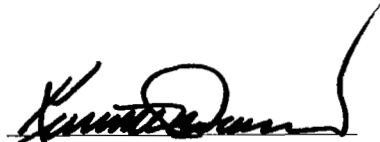
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby award bid 51-26JUN07 – Used Furniture for County Building to Recycled Office Solutions. It is further ordered the Presiding Commissioner is hereby authorized to sign said contract.

Done this 6th day of September, 2007.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner

**PURCHASE AGREEMENT FOR
USED FURNITURE FOR COUNTY BUILDING**

THIS AGREEMENT dated the 6th day of September 2007 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Recycled Office Solutions Inc.**, herein "Contractor."

IN CONSIDERATION of the parties performance of the respective obligations contained herein, the parties agree as follows:

1. **Contract Documents** - This agreement shall consist of this Purchase Agreement for Used Furniture for the County Building, Request for Proposal number **51-26JUN07** including Instructions and General Conditions, Introduction and General Information, Scope of Services, Proposal Submission Information, the unexecuted Response Form, any applicable addenda, Best and Final Offer Number One, as well as the Contractor's bid response dated June 26, 2007 and the Best and Final Offer Response dated June 27, 2007, executed by Erik Morse, on behalf of the Contractor. All such documents shall constitute the contract documents which are attached hereto and incorporated herein by reference. Service or product data, specification and literature submitted with bid response may be permanently maintained in the County Purchasing Office bid file for this bid if not attached. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions and requirements contained in the bid specifications including Instructions and General Conditions, Introduction and General Information, Scope of Services, Proposal Submission Information, the unexecuted Response Form, any applicable addenda, and the Best and Final Offer Number One shall prevail and control over the Contractor's bid response.

2. **Purchase** - The County agrees to purchase from the Contractor and the Contractor agrees to supply the County with the following per estimate 05-143 and contractor's bid response:

• Workstations	\$6,000.00
• Workstation Installation	\$1,800.00
• Desk Chairs	\$1,080.00
• Side Chairs	\$480.00
• Keyboard articulating arms	\$600.00
• For a total cost of	\$9,960.00

3. **Delivery** - Contractor agrees to begin installation of furniture within seven (7) days after receipt of purchase order and to complete installation within ten (10) days after receipt of purchase order per the bid specifications.

4. **Billing and Payment** - All billing shall be invoiced to Boone County Commission Office and billings may only include the prices listed in the Contractor's bid response. No additional fees for delivery or extra services or taxes shall be included as additional charges in excess of the charges in the Contractor's bid response to the specifications. The County agrees to pay all invoices within thirty days of receipt; Contractor agrees to honor any cash or prompt payment discounts offered in its bid response if county makes payment as provided therein. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is

resolved in favor of the Contractor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

5. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.


6. **Entire Agreement** - This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and any other bid or bid specification or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

7. **Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:

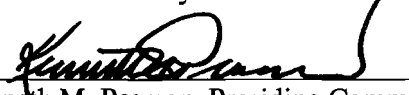
- a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
- b. County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

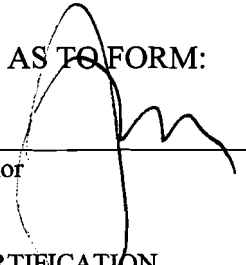
RECYCLED OFFICE SOLUTIONS, INC.

by 
title President

BOONE COUNTY, MISSOURI

by: Boone County Commission

Kenneth M. Pearson, Presiding Commissioner

APPROVED AS TO FORM:

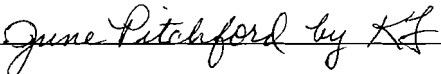

County Counselor

ATTEST:


Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION

In accordance with RSMo 55.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of the contract do not create in a measurable county obligation at this time.)

Signature June Pitchford by  Date 8/30/2007 Appropriation Account 1190-86500 - \$9,960.00
(Pending budget revision approval)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID M6
RECYC-1

DATE (MM/DD/YYYY)
09/12/07

PRODUCER Charles L. Crane Agcy-W.County 100 Chesterfield Ctr-Suite 320 Chesterfield MO 63017 Phone: 636-537-5000 Fax: 636-537-5009	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Recycled Office Solutions, Inc Kevin Helsel 812 Sun Park Dr. Fenton MO 63026	INSURER A: Hartford Casualty Insurance Co	29424
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	84SBABW9059	05/04/07	05/04/08	EACH OCCURRENCE \$ 1,000,000.
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.
					MED EXP (Any one person) \$ 10,000.
					PERSONAL & ADV INJURY \$ 1,000,000.
					GENERAL AGGREGATE \$ 2,000,000.
					PRODUCTS - COMP/OP AGG \$ 2,000,000.
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	84SBABW9059	05/04/07	05/04/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	84SBABW9059	05/04/07	05/04/08	EACH OCCURRENCE \$ 2,000,000
					AGGREGATE \$ 2,000,000
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Comml Property	84SBABW9059	05/04/07	05/04/08	Contents 54,700 Deductibl 1,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: 51-26JUN07 - USED FURNITURE FOR COUNTY BUILDING
 The Certificate Holder is added to the Commercial General Liability Policy as an Additional Insured with respect to work performed by the Named Insured.

CERTIFICATE HOLDER

BOONE02

Boone County Purchasing
 Attn: Melinda Bobbit, Director
 601 E. Walnut, Rm. 208
 Columbia MO 65201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

W Elliot Benoit

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

BEST AND FINAL OFFER REQUEST LIST BAFO #1 - RFP # 51-26JUN07 - Used Furniture County Building
--

1. CLARIFICATIONS:

1.1. Pricing:

1.1.1. Is there an additional charge if the County opts for four units to have 65" panels?

\$ 400 MAX / total add-on charge for four units with 65" panels
(DEPENDENT ON CONFIGURATION)

1.1.2. State additional cost for end cap panels that are not included

\$ 0 / total add-on charge for end cap panels

1.2. Your RFP response states that locks may not have keys that fit, and base end cap covers for powered panels and grommet covers for work surfaces may not be included. Describe what end caps and what keys are not available for the furniture bid in your RFP response:

NO KEYS AVAILABLE FOR THIS INVENTORY. IF NECESSARY, MAXIMUM OF 24 WILL BE NEEDED FOR THIS SIGNATURE AND CAN BE AVAILABLE FOR I/O TRG KEY.

1.3. State color of task chairs and side chairs

Task Chair color: RED, BLUE, TEAL, GRAY

Side Chair color: LIGHT RUST (SINGLES AVAILABLE)

1.4. E-mail picture(s) of the task chair and side chair to:
mbobbitt@booncountymn.org

1.5. State color of panels: LIGHT GREY FABRIC WITH LIGHT GREEN METAL TRIM

RFP DOCUMENTS

BOONE COUNTY, MISSOURI

RFP NUMBER AND DESCRIPTION: 51-26JUN07 - Used Furniture for County Building

BEST AND FINAL OFFER FORM #1

This BAFO is issued in accordance with the Instructions to Offerors and is hereby incorporated into and made a part of the RFP Documents.

Offerors are reminded that receipt of this BAFO must be acknowledged and submitted on or before 5:00 p.m. on Thursday, June 27, 2007 by e-mail or fax.

The Offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests or clarifications. The Offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests and clarifications shall govern in the event of a conflict with Offeror's RFP response.

By: Melinda Bohbitt
Melinda Bohbitt, CPPB
Director of Purchasing

Company Name RECYCLED OFFICE SOLUTIONS

Address 601 BUSINESS LOOP 70 E
COLUMBIA, MO 65203

Phone Number 573 499 3876

Fax Number: 573-499-3896

E-mail Address: amorse@rcsfurniture.com

Authorized Representative Signature [Signature]

Date: 6/27/2007

Printed Name: ARIN MORSE

Title: GENERAL MANAGER

E-mail Address: SIE.ARON@RCO

Boone County Purchasing



Melinda Bobbitt, CPPB
Director

601 E. Walnut, Room 208
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

June 27, 2007

Recycled Office Solutions
Erik Morse, General Manager
601 Business Loop 70 West, Suite 280
Columbia, MO 65203

Dear Mr. Morse:

In accordance with paragraph 4.1.2. of RFP number *51-26JUN07 - Used Furniture for County Building*, this letter shall constitute an official request by the County of Boone - Missouri to enter into competitive negotiations with Recycled Office Solutions. Included with this letter are two attachments.

The first attachment is the Best and Final Offer (BAFO) Request List, and it includes a listing of areas within your proposal which require further information and/or clarification.

The second attachment is a Best and Final Offer Form for RFP number *51-26JUN07 - Used Furniture for County Building* which also includes any changes being made to the RFP as a result of this BAFO request. The Best and Final Offer Form must be completed, signed by an authorized representative of your organization, and returned with your detailed BAFO response.

Your detailed BAFO response should address each area identified on the BAFO Request List using the same numbering outline as the list. In addition, as a result of this request for a Best and Final Offer, you may now modify the pricing of your RFP proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other changes to pricing.


You are requested to respond to this BAFO by e-mail or fax since time is of the essence. Please respond by 5:00 p.m., Thursday, June 28, 2007. Please submit your response to:

E-mail: mbobbitt@boonecountymo.org
Fax: (573) 886-4390

You are reminded that pursuant to Section 610.021 RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to the buyer of record. Neither you nor your agents may contact any other County employee or evaluation committee member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please call (573) 886-4391 or e-mail Mbobbitt@boonecountymo.org. I sincerely appreciate your efforts in working with the County of Boone - Missouri to ensure a thorough evaluation of your proposal.

Sincerely,


Melinda Bobbitt, CPPB
Director of Purchasing

cc: Evaluation Team
RFP File

Attachments: Best and Final Offer Request List
Best and Final Offer (BAFO) Form #1



5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the workspace/services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: RECYCLED OFFICE SOLUTIONS

Address: 1001 BUSINESS LOOP 70 WEST SUITE 280
COLUMBIA MO 65203

Telephone: 573.499.3876 Fax: 573.499.3896

Federal Tax ID (or Social Security #): 202216053

Print Name: ERIK MORSE Title: GENERAL MANAGER

Signature: [Handwritten Signature] Date: 6/26/2007

E-Mail Address: emorse@rosfurniture.com

5.1. One (1) Lot of Furniture for 12 work station units: \$ 9,960⁰⁰

5.2. Option #1: Center 12" Extension Privacy Panel for all stations \$ N/A

5.3. Grand Total for all furniture for 12 units including Option #1: \$ 9,960⁰⁰

5.4. Work will begin after receipt of purchase order: 7 days

5.5. Work will be completed after receipt of purchase order: 10 days

5.5. Describe warranty: 90 DAYS FOR ALL WORKMANSHIP AND MATERIALS = 100%.

5.6. (Attach itemized list of furniture, drawings and an installation total. List shall include description, color, quantity, manufacturer quoted, and price for each piece and any deviations to specifications. Also state if furniture is recycled or remanufactured).



BOONE COUNTY, MISSOURI
Request for Proposal #: 51-26JUN07 – Used Furniture for County Building

ADDENDUM #1 - Issued June 21, 2007

This addendum is issued in accordance with the Instructions and General Conditions of the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Response/Pricing Page.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:


- I. **Drawing of County Building located at 101 N. 7th Street, Columbia, Missouri may be downloaded from:**

<http://pwasbs.tranquility.net:90/prj.cgi?no=1210>

- a. There is a zip archive of the drawing files in ACAD 2006 dwg format. This has all of the architectural drawings for the project. The floor plan has been updated with some of June 21, 2007 changes, other drawings have not.
- b. There is a PDF file of the floor plan.

Note: "GET HELP" button at upper right corner for basic instructions.

By:


Melinda Bobbitt, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal # 51-26JUN07 – Used Furniture for County Building, receipt of which is hereby acknowledged:

Company Name: RECYCLED OFFICE SOLUTIONS
Address: 604 BUSINESS WAY 70 W SUITE 280
COLUMBIA, MO 65203

Phone Number: 573.499.3876 Fax Number: 573.499.3896

Authorized Representative Signature:  Date: 6/26/2007

Authorized Representative Printed Name: BETH MERSIE



BOONE COUNTY, MISSOURI
Request for Proposal #: 51-26JUN07 – Used Furniture for County Building

ADDENDUM #2 - Issued June 25, 2007

This addendum is issued in accordance with the Instructions and General Conditions of the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response/Pricing Page*.

The following questions were received and Boone County is providing a response as follows: Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Question: Does the power located in the floor stay and will be accessible and usable, or do the Bidders need to work off the power in the ceiling only?**

Response: The power in the floor will be available, but additional circuits will probably be necessary and will need to come through a power pole. Telephone and fiber optic lines will drop through power poles.
- II. Question: Union or non-union labor?**
Response: Pre-vailing wage is not required for this project.
- III. Will the Bidder need to provide a listing of their installers before they enter the building and will they be required to wear badges to identify themselves?**
Response: No
- IV. Hard hats needed during installation?**
Response: No
- V. Will there be electricity to the building before the contractor installs furniture?**
Response: Yes
- VI. Will there be a covering on any of the flooring to protect it or will the contractor have to provide it?**
Response: Contractor shall provide any protection needed for the flooring.
- VII. Will there be a lead project manager on-site for questions with regards to placement or issues with the furniture or the building? If not, will a number be available for someone the contractor can call to discuss protocol?**
Response: The County will provide a County representative contact with phone number that can be reached to answer questions.

VIII. Will there be an electrician and IT person on-site that the contractor can work with in the process of installing the systems furniture?

Response: The County will provide a County representative contact with phone number that can be reached to answer questions.

IX. Will there be a specific person that the contract will need to do a final walk-through for sign off of completion of project?

Response: Yes. Commissioner Miller, a representative(s) from Pednet and the County Facilities Maintenance Manager.


X. Will the contractor have the opportunity to visit the site and have a pre-install meeting to review progress of the building before installing the furniture?

Response: Yes

XI. Please note the submittal deadline / bid opening and closing time is 10:30 a.m., not 10:00 a.m.

XII. PAYMENT: This will be a lump sum payment contract upon acceptance by Boone County. Contractor must submit an invoice and charges must only include prices listed in the contractor's bid response. No additional fees or taxes shall be included as additional charges. The County's purchase order must appear on the invoice/statement. The County agrees to pay the statement within thirty (30) days from receipt of a correct statement.


By:


Melinda Bobbitt, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal # 51-26JUN07 - Used Furniture for County Building, receipt of which is hereby acknowledged:

Company Name: RECYCLED OFFICE SOLUTIONS
Address: GEN. BUS. LOOP 70 W SUITE 680
COLUMBIA, MO 65207

Phone Number: 573.499.3876 Fax Number: 573.499.3896

Authorized Representative Signature:  Date: 6/26/2007

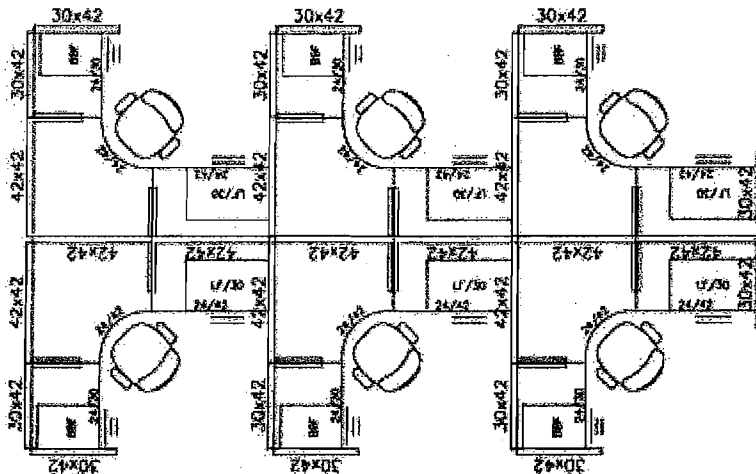
Authorized Representative Printed Name: DRIV NURSE

Recycled Office Solutions
Response to Request for Proposal
Erik Morse, General Manager
573.499.3876

With this response of proposal we have included a detailed cost quote including separate line items for delivery and installation as well as each furniture item included with the proposed workstations. We have also included an example drawing for the layout of said stations, detailed description of our terms and conditions, a statement of the reliability of the company and those within, as well as contact information should any other information need to be requested.

Proposal for Requested Workstations

For the requested project at the County Building we are proposing 12 Steelcase 9000 series workstations, complete with double pedestals, keyboard arms, medium grade task chairs, side seating, panels 42" high, and dimensions of 6'x6'. Included with this submission is a drawing below of an example grouping of 6 of these stations. During discussion with the organizers of this project two examples of layouts were discussed. One included having two symmetrical groupings of the stations, one on the north side of the room and one on the south side, allowing for walking area between the groupings and all around them. Another suggested a grouping of 8 stations on the north side of the room, stretching east to west, and another on the south side of the room with 65" panels capping off the stations to face the south windows and provide space for plans and posters, still allowing for walking area between the groupings and all around them. With the furniture proposed we will be able to arrange for either of these configurations for the area provided while staying within the same cost and furniture proposed and using the current electrical outlets provided in the building. As this drawing is an example of a grouping of the proposed stations, a more detailed and project specific drawing can be submitted at the request of the County to reflect the preference of layouts that they choose.



Please note that this is a stock drawing of the proposed stations and not project specific. Whereas these stations are 6'x7', the proposed stations are 6'x6'. Let it be known as well that digital photos of the furniture proposed are available by email or phone request. Furniture will be uniform in finishes, manufacturer and function.

Statement of Reliability

As this is a project of importance for all parties concerned, we appreciate the opportunity to submit a proposal for the furnishing thereof. While we have chosen not to include specific contacts for recent projects completed, we would like to extend a statement of confidence in our ability and intent to complete this and any other project we undertake to the fullest extent and satisfaction of our customers. We are a locally operated business that relies heavily on word of mouth and local market support of our services and we realize the importance of maintaining such relationships. We have recently completed many projects for businesses needing furniture similar to that proposed, in local hospitals, universities, and recognized local businesses. If a list of satisfied customers is of importance to the decisions made regarding this project we can do so as long as such individuals are contacted in a manner that does not inconvenience them on our behalf. Please note that Erik Morse, General Manager of Recycled Office Solutions, is local and active in the community and was integral in helping the representatives of the County through the process of detailing specific wants and needs for this project. Over 20 years of experience with office furniture sales and project completion are shared between Kevin Helsel and Erik Morse and we look forward to this opportunity as well.



Terms and Conditions of Sale

Signature approval ~~and 50% deposit~~ is required upon acceptance.
All Sales are Final. We accept all major credit cards.

Labor to be scheduled at least 72 hours in advance and is subject to availability.

Pre-owned, as-is furniture is understood to be in normal wear and tear condition. Small dents, chips, scratches, and tears will be considered "normal wear and tear condition" but will be concealed during installation when possible. If this is not possible, customer may choose to order a replacement part at an additional cost, if available.

Product damaged beyond normal wear and tear condition will be repaired to the customer's satisfaction or replaced with like product, if available.

As-is product may have locks, but keys may not be available. Recycled Office Solutions may be able to supply keys at an additional charge to code, cut, and deliver.

Base end cap covers for powered panels and grommet covers for worksurfaces may not be included, due to previous installation. Customer may choose to order replacement parts at an additional cost.

The price for delivery and installation is based on the following conditions:

- Exclusive, reserved & free use of loading docks & elevators must be provided by client.
- Floors to be free & clear of trash & other trades, broom clean, well lighted & ready for furniture installation.
- Recycled Office Solutions to unload & distribute furniture from trailers, shipped direct to site in conjunction with the building rules and regulations.
- Recycled Office Solutions to install furniture during regular business hours or as outlined in proposal.
- All electric, (power feeds, panel connections, receptacles, wire management, etc.) data and communications lines and components are to be installed by others unless outlined in proposal.
- Price is based on agreed-upon work schedule and installation plans.
- Any acceleration, compression or delay costs caused by others will be passed along to client.
- Inadequate staging area and/or progress of other trades causing furniture to be moved again (double handling) will result in costs being passed along to client.
- Trash to be removed by Recycled Office Solutions personnel.
- Protection or covering of furniture after installation is not included.
- If other trades influence additional work, the cost will be passed along to client.
- If conditions above are not met, additional charges may apply.

I accept the above terms & conditions and payment terms as outlined in the approved proposal. I am authorized to make this commitment on behalf of my organization.

Name (Print): _____

Signature: _____ Date: _____

Please direct all questions to your project manager at **573.499.FURN (3876)**



Recycled Office Solutions, Inc.

457 Melanie Meadows
Ballwin, MO 63021

Estimate

Date	Estimate #
6/25/2007	05-143

Name/Address
Boone County Commission 801 East Walnut Room 245 Columbia, Missouri 65201

Terms	Rep	FOB	Project
Net 30	ERM		

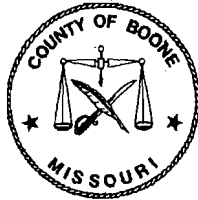
Description	Qty	Rate	Total
Steelcase 9000 series Enhanced 6x6 workstations. Pictures are included. 42" high panels to be 42" and 30" wide. Each workstation has a BBF and FF pedestal. Spine panels shall have powerways and duplex receptacles. Option for 65" high panels placed within stations are available.	12	500.00	6,000.00
ROS labor to deliver and install above workstations during normal business hours	12	150.00	1,800.00
Herman Miller Ergon swivel/tilt desk chair. (4) fabrics are available	12	90.00	1,080.00
Haworth Equa Side Chairs. Samples are available	12	40.00	480.00
Steelcase 9000 series articulating keyboard arms to be installed on all corner worksurfaces.	12	50.00	600.00
Insurance Requirements will be supplied by ROS at time of bid award. Boone County will be responsible for all building power electrical connections. ROS will supply an adequate number of Steelcase Base Powers.			

Thanks for the opportunity!	Subtotal	\$9,960.00
	Total	\$9,960.00

Signature _____

Phone #	Fax #	E-mail	Web Site
314-724-2268	636-386-1502	krhelsel@ROSFurniture.com	www.ROSFurniture.com

COUNTY OF BOONE - MISSOURI



REQUEST FOR PROPOSAL FOR USED FURNITURE FOR COUNTY BUILDING

RFP #51-26JUN07
Release Date: June 18, 2007

Submittal Deadline:
June 26, 2007
not later than 10:00 a.m. central time

Boone County Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201

Melinda Bobbitt, CPPB, Director
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org



NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

PROPOSAL #: 51-26JUN07 – Used Furniture for County Building

Sealed proposals will be accepted until **10:00 a.m. on Tuesday, June 26, 2007** in the Boone County Purchasing Office, Boone County Johnson Building, Room 208, 601 E. Walnut Street, Columbia, MO 65201.

A **mandatory** pre-bid conference is scheduled for Thursday, June 21, 2007 at 2:30 p.m. in the Johnson Building Conference Room 213, 601 E. Walnut, Columbia, MO. Attendance at meeting and site visit is pre-requisite for acceptance of bid.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org.

Vendors may obtain further information on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPB
Director of Purchasing

Insertion: Wednesday, June 20, 2007
COLUMBIA DAILY TRIBUNE



1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 **Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) **Proposal Closing:** All proposals shall be **delivered before 10:30 A.M.**, central time, on Tuesday, June 26, 2007 to:

Boone County Purchasing Department
Melinda Bobbitt, CPPB, Director
601 E. Walnut Street, Room 208
Columbia, Missouri 65201-4460

- b) The County may not accept any proposals received after 10:30 A.M. and will return such late proposals to the Offeror.
- c) Offerors must submit one (1) original, and five (5) copies of the proposal (total of six). Proposals will be opened publicly but only names of Offerors will be read aloud. All proposal responses will be considered public information and following contract execution or rejection of all proposal responses, all responses will become a part of public record and will be released to any person or firm who requests it.
- d) Proposals must be submitted in a sealed envelope identified with the proposal number and date of closing. List the proposal number on the outside of the box or envelope and note "Response to Request for Proposal enclosed."
- e) If you do not care to submit a proposal, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted proposals will be accepted.
- f) If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.



2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1 This document constitutes a request for sealed proposals for **Used Furniture for County Building** as set forth herein.

2.1.2 Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Scope of Services
- 4) Proposal Submission Information
- 5) Response/Pricing Page

2.2. Guideline for Written Questions:

2.2.1 All questions regarding this Request for Proposal shall be submitted in writing, prior to the bid opening and preferably no later than 5:00 p.m., Thursday, June 21, 2007. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPB, Director of Purchasing. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

- a. Melinda Bobbitt, CPPB
Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.2.2 In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any amendment to this RFP is valid only if in writing and issued by the Boone County Purchasing Department. Verbal conversations or agreements with any officer, agent, or employee of the County which modify any terms or obligations of this RFP are invalid.



SCOPE OF SERVICES

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, desires to contract with a firm for the design, furnishing, delivery and installation of used furniture (remanufactured or recycled) at the County owned building located at 101 North 7th Street, Columbia, MO.

3.2. Scope of Work:

Base Bid: The contractor shall design, furnish, deliver, and install systems furniture to include twelve (12) work station units equipped with task and side chairs. At a minimum, each work station shall include the following:

Cubicles: 6 – 6 ½ feet (panel length)
Panel Height: less than 45”
(2) Double Pedestal Files
Powered Panels
Keyboard Drawer
Task Chair, medium grade
Side Chair

Option #1: Center 12” Extension Privacy Panel added to work stations. (The County plans to award the Base Bid and may or may not award Option #1 depending on County need and bid price received).

Specifications for Furniture:

- The same neutral finishes shall be used throughout the entire space.
- Paint, laminate and plastic shall be the same for all workstations.
- Consistency shall be maintained on a manufacturer(s) basis. Example: Pedestal can be one manufacturer, work surfaces can be another manufacturer, supports can be another manufacturer, etc.
- Consistency shall be maintained in drawer pulls and work surface edge detail.
- If any of the above consistency standards cannot be met, please attach and detail description of any variations.

Furniture quoted may be recycled (pre-owned) or remanufactured.

The contractor is required to attend the mandatory pre-bid meeting in order to view the work space and design the layout of the systems furniture based on the current location of electrical and phone lines. In addition, the contractor is responsible to field measure the building and to ensure that the furniture and power connections properly fit in the space.

The office space should be completed and ready for occupancy by August 1, 2007. Please state on Response Page your estimated completion date. Note: Time is of the essence and will be a major criterion in the determination of award of contract.

The contractor is responsible for all hardware, supports and components to complete the (12) work station furniture plan. The County will not be held financially responsible for any missing product.

3.3. Contract Terms and Conditions:

3.3.1. The successful Offeror is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement or its rights, title or interest therein, or its power to execute such agreement to any other person, company or corporation without the prior consent and approval in writing by the County.

3.3.2. Offeror must clearly state any restrictions or deviations from these specifications. In the absence of such statement, the County will assume that all items/services offered are in strict compliance with the technical requirements, contract terms and conditions as described in these specifications. The proposal of the Contractor will be included as part of the final contract.

3.3.3. Totals bid on the attached Response Page must include all fees for design, furnishing, delivery, and installation.

All deliveries shall be made FOB Destination with freight charges fully included and prepaid. The seller pays and bears the freight charges.

The Contractor shall be responsible for providing all labor and materials necessary to complete the installation, which shall include delivery of furniture to the installation site, unpacking, inspection for damage, assembly as required and shown on installation drawings provided by Contractor, setting furniture in place, and removal of packing material from the premises. All furniture shall be in a clean and operating condition, with no scratches, dents or other damage, before acceptance by the County.

3.3.4. The Contractor shall provide insurance as follows:

3.3.4.1. Insurance Requirements: The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

3.3.4.2. Compensation Insurance - The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the

Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.

3.3.4.3. Comprehensive General Liability Insurance - The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

3.3.4.4. The Contractor has the option to provide **Owner's Contingent or Protective Liability and Property Damage** instead of the **Comprehensive General Liability Insurance**- The Contractor shall provide the County with proof of Owner's Protective Liability and Property Damage Insurance with the County as named insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum amounts of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply.

3.3.4.5. COMMERCIAL Automobile Liability - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

3.3.4.6. Proof of Carriage of Insurance - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

3.3.4.7. INDEMNITY AGREEMENT: To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

3.3.5. Cancellation Agreement:

The County reserves the right to cancel the contract with cause, if at any time the Contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the Contractor to comply with any of the provisions of this contract may be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Boone County. Boone County may allow Contractor reasonable opportunity to cure material breach, but is not required to do so.

3.3.6. Invoicing:

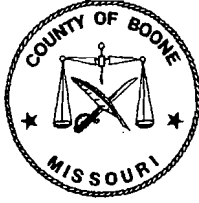
Invoice should be submitted to Boone County Commission office for payment which will be made 30 days after receipt of a correct and valid monthly statement. The County's contract number must appear on the invoice/statement. The billing address is Boone County Commission, 801 East Walnut, Room 245, Columbia, MO 65201.

3.3.7. Guarantee:

Bidder agrees to unconditionally guarantee all furniture against defect in material, workmanship and performance for a period of one year from the date of acceptance by the County, unless otherwise specified on the response page.

3.3.8. Installation Requirements:

The installer shall contact the County with a minimum notice of three (3) working days to schedule installation by calling Boone County Facilities Maintenance Manager, Bob Davidson at (573) 886-4400.



4. PROPOSAL SUBMISSION INFORMATION

4.1. RESPONSE TO PROPOSAL

4.1.1. Submission of Proposals:

4.1.1.1. When submitting a proposal, the Offeror should include the **original and five (5) additional copies**.

a. The Offeror shall submit the proposal to:

Boone County Purchasing Department
Attn: Melinda Bobbitt, CPPB, Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, MO 65201

b. The proposals must be delivered no later than **10:30 a.m. on June 26, 2007**. Proposals may not be accepted after this date and time.

4.1.1.2. To facilitate the evaluation process, the Offeror is encouraged to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein.

a. Each distinctive section should be titled with each individual evaluation category and all material related to that category should be included therein.

b. The signed response page from the original RFP and all signed amendments should be placed at the beginning of the proposal.

c. The Proposal must, at a minimum, address all mandatory and desired services, equipment, materials, etc. Responses will fully describe how the service will be performed and what hardware/software (if any) is required at the County to access the service.

4.1.1.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.1.1.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.1.2. Competitive Negotiation of Proposals: The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.1.2.1. Negotiations may be conducted in person, in writing, or by telephone.

4.1.2.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.1.2.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.1.2.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.1.3. Evaluation and Award Process:

4.1.3.1. After determining a responsible Offeror and a responsive proposal through the determination that the proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use both objective analysis and subjective judgment in conducting a comparative assessment of the proposal in accordance with the evaluation criteria stated below:

- a. **Method of Performance**
- b. **Experience/Expertise**

c. Cost

4.1.3.2. After an initial evaluation process, a question and answer interview may be conducted with the Offeror, and/or a tour of the vendor's facility, if deemed necessary by the County. In addition, the Offeror may be asked to make an oral presentation of their proposal to the evaluation team at a designated Boone County location. Attendance cost shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.1.4. Evaluation:

4.1.4.1. Experience and reliability of the Offeror's organization are considered subjectively in the evaluation process. Therefore, the Offeror is advised to submit any information, which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

4.1.4.2. The Offeror should provide the following information related to previous and current services/contracts performed by the Offeror's organization and any proposed subcontractors which are similar to the requirements of this RFP (This information may be shown on the form attached as Attachment B to this RFP or in a similar manner):

- a. Name, address, and telephone number of client/contracting agency and a representative of that client/agency who may be contacted for verification of all information submitted;
- b. Dates and locations of the service/contract; and
- c. A brief, written description of the specific prior services performed and requirements thereof.

4.1.4.3. The Offeror should submit a copy of all licenses, certifications, accreditation, and/or permits, which may be required by state, federal, and/or local law, statute, or regulation in the course of conduct of the Offeror's business. If not submitted with the proposal, the County reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.

4.1.4.4. Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative, which demonstrates the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

- 4.1.4.5. Where the words “shall” or “must” are used, they signify a required minimum function of system capacity that will heavily impact the Bidder’s final response rating.
- 4.1.4.6. Where the words “should”, “may” or “desired” are used, they signify that the feature or capacity is desirable but not mandatory; therefore, the specifications in question will possess minimal impact on the Bidder’s final response rating.
- 4.1.4.7. The method by which the proposed method of performance is written will be left to the discretion of the Offeror. However, the Offeror should address each specific paragraph and subparagraph of the Specifications by paragraph and page number as an item for discussion. Immediately below these numbers, write descriptions of how, when, by whom, with what, to what degree, why, where, etc, the requirements will be satisfied.

Boone County Purchasing



Melinda Bobbitt, CPPB
Director

601 E. Walnut, Room 208
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

June 27, 2007

Recycled Office Solutions
Erik Morse, General Manager
601 Business Loop 70 West, Suite 280
Columbia, MO 65203

Dear Mr. Morse:

In accordance with paragraph 4.1.2. of RFP number *51-26JUN07 – Used Furniture for County Building*, this letter shall constitute an official request by the County of Boone – Missouri to enter into competitive negotiations with Recycled Office Solutions. Included with this letter are two attachments.

The first attachment is the Best and Final Offer (BAFO) Request List, and it includes a listing of areas within your proposal which require further information and/or clarification.

The second attachment is a Best and Final Offer Form for RFP number *51-26JUN07 – Used Furniture for County Building* which also includes any changes being made to the RFP as a result of this BAFO request. The Best and Final Offer Form must be completed, signed by an authorized representative of your organization, and returned with your detailed BAFO response.

Your detailed BAFO response should address each area identified on the BAFO Request List using the same numbering outline as the list. In addition, as a result of this request for a Best and Final Offer, you may now modify the pricing of your RFP proposal and/or may change, add information, and/or modify any part of your proposal. Please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other changes to pricing.

You are requested to respond to this BAFO by e-mail or fax since time is of the essence. Please respond by 5:00 p.m., Thursday, June 28, 2007. Please submit your response to:

E-mail: mbobbitt@boonecountymo.org

Fax: (573) 886-4390

You are reminded that pursuant to Section 610.021 RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc., to the buyer of record. Neither you nor your agents may contact any other County employee or evaluation committee member regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please call (573) 886-4391 or e-mail Mbobbitt@boonecountymo.org. I sincerely appreciate your efforts in working with the County of Boone – Missouri to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPB
Director of Purchasing

cc: Evaluation Team
RFP File

Attachments: Best and Final Offer Request List
Best and Final Offer (BAFO) Form #1

BEST AND FINAL OFFER REQUEST LIST
BAFO #1 – RFP # 51-26JUN07 – Used Furniture County Building

1. CLARIFICATIONS:

1.1. Pricing:

1.1.1. Is there an additional charge if the County opts for four units to have 65” panels?

\$ _____ / total add-on charge for four units with 65” panels

1.1.2. State additional cost for end cap panels that are not included

\$ _____ / total add-on charge for end cap panels

1.2. Your RFP response states that locks may not have keys that fit, and base end cap covers for powered panels and grommet covers for work surfaces may not be included. Describe what end caps and what keys are not available for the furniture bid in your RFP response:

1.3. State color of task chairs and side chairs

Task Chair color: _____

Side Chair color: _____

1.4. E-mail picture(s) of the task chair and side chair to:
mbobbitt@boonecountymmo.org

1.5. State color of panels: _____

RFP DOCUMENTS

BOONE COUNTY, MISSOURI


RFP NUMER AND DESCRIPTION: 51-26JUN07 – Used Furniture for County Building

BEST AND FINAL OFFER FORM #1

This BAFO is issued in accordance with the Instructions to Offerors and is hereby incorporated into and made a part of the RFP Documents.

Offerors are reminded that receipt of this BAFO must be acknowledged and submitted on or before **5:00 p.m. on Thursday, June 27, 2007** by e-mail or fax.

The Offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests or clarifications. The Offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests and clarifications shall govern in the event of a conflict with Offeror's RFP response.

By: 
Melinda Bobbitt, CPPB
Director of Purchasing

Company Name _____

Address _____

Phone Number _____

Fax Number: _____

E-mail Address: _____

Authorized Representative Signature _____

Date: _____

Printed Name: _____

Title: _____

E-mail Address: _____



BOONE COUNTY, MISSOURI
Request for Proposal #: 51-26JUN07 – Used Furniture for County Building

ADDENDUM #2 - Issued June 25, 2007

This addendum is issued in accordance with the Instructions and General Conditions of the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response/Pricing Page*.

The following questions were received and Boone County is providing a response as follows: Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Question: Does the power located in the floor stay and will be accessible and usable, or do the Bidders need to work off the power in the ceiling only?

Response: The power in the floor will be available, but additional circuits will probably be necessary and will need to come through a power pole. Telephone and fiber optic lines will drop through power poles.

II. Question: Union or non-union labor?

Response: Pre-vailing wage is not required for this project.

III. Will the Bidder need to provide a listing of their installers before they enter the building and will they be required to wear badges to identify themselves?

Response: No

IV. Hard hats needed during installation?

Response: No

V. Will there be electricity to the building before the contractor installs furniture?

Response: Yes

VI. Will there be a covering on any of the flooring to protect it or will the contractor have to provide it?

Response: Contractor shall provide any protection needed for the flooring.

VII. Will there be a lead project manager on-site for questions with regards to placement or issues with the furniture or the building? If not, will a number be available for someone the contractor can call to discuss protocol?

Response: The County will provide a County representative contact with phone number that can be reached to answer questions.

VIII. Will there be an electrician and IT person on-site that the contractor can work with in the process of installing the systems furniture?

Response: The County will provide a County representative contact with phone number that can be reached to answer questions.

IX. Will there be a specific person that the contract will need to do a final walk-through for sign off of completion of project?

Response: Yes. Commissioner Miller, a representative(s) from Pednet and the County Facilities Maintenance Manager.

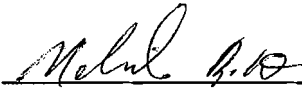
X. Will the contractor have the opportunity to visit the site and have a pre-install meeting to review progress of the building before installing the furniture?

Response: Yes

XI. Please note the submittal deadline / bid opening and closing time is 10:30 a.m., not 10:00 a.m.

XII. **PAYMENT:** This will be a lump sum payment contract upon acceptance by Boone County. Contractor must submit an invoice and charges must only include prices listed in the contractor's bid response. No additional fees or taxes shall be included as additional charges. **The County's purchase order must appear on the invoice/statement.** The County agrees to pay the statement within thirty (30) days from receipt of a correct statement.

By:



Melinda Bobbitt, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal # 51-26JUN07 – *Used Furniture for County Building*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



BOONE COUNTY, MISSOURI
Request for Proposal #: 51-26JUN07 – Used Furniture for County Building

ADDENDUM #1 - Issued June 21, 2007

This addendum is issued in accordance with the Instructions and General Conditions of the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's *Response/Pricing Page*.

Specifications for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:


I. Drawing of County Building located at 101 N. 7th Street, Columbia, Missouri may be downloaded from:

<http://pwasbs.tranquility.net:90/prj.cgi?no=1210>

- a. There is a zip archive of the drawing files in ACAD 2006 dwg format. This has all of the architectural drawings for the project. The floor plan has been updated with some of June 21, 2007 changes, other drawings have not.
- b. There is a PDF file of the floor plan.

Note: "GET HELP" button at upper right corner for basic instructions.

By:


Melinda Bobbitt, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal # 51-26JUN07 – *Used Furniture for County Building*, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____

COUNTY OF BOONE - MISSOURI



**REQUEST FOR PROPOSAL
FOR
USED FURNITURE FOR COUNTY BUILDING**

**RFP #51-26JUN07
Release Date: June 19, 2007**

**Submittal Deadline:
June 26, 2007
not later than 10:00 a.m. central time**

**Boone County Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201**

**Melinda Bobbitt, CPPB, Director
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org**



NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

PROPOSAL #: 51-26JUN07 – Used Furniture for County Building

Sealed proposals will be accepted until **10:00 a.m. on Tuesday, June 26, 2007** in the Boone County Purchasing Office, Boone County Johnson Building, Room 208, 601 E. Walnut Street, Columbia, MO 65201.

A **mandatory** pre-bid conference is scheduled for Thursday, June 21, 2007 at 2:30 p.m. in the Johnson Building Conference Room 213, 601 E. Walnut, Columbia, MO. Attendance at meeting and site visit is pre-requisite for acceptance of bid.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mboobbitt@boonecountymo.org.

Vendors may obtain further information on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPB
Director of Purchasing

Insertion: Wednesday, June 20, 2007
COLUMBIA DAILY TRIBUNE



1. INTRUCTIONS AND GENERAL CONDITIONS

1.1 **Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) **Proposal Closing:** All proposals shall be **delivered before 10:30 A.M.**, central time, on Tuesday, June 26, 2007 to:

Boone County Purchasing Department
Melinda Bobbitt, CPPB, Director
601 E. Walnut Street, Room 208
Columbia, Missouri 65201-4460

- b) The County may not accept any proposals received after 10:30 A.M. and will return such late proposals to the Offeror.
- c) Offerors must submit one (1) original, and five (5) copies of the proposal (total of six). Proposals will be opened publicly but only names of Offerors will be read aloud. All proposal responses will be considered public information and following contract execution or rejection of all proposal responses, all responses will become a part of public record and will be released to any person or firm who requests it.
- d) Proposals must be submitted in a sealed envelope identified with the proposal number and date of closing. List the proposal number on the outside of the box or envelope and note "Response to Request for Proposal enclosed."
- e) If you do not care to submit a proposal, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted proposals will be accepted.
- f) If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.



2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

2.1.1 This document constitutes a request for sealed proposals for **Used Furniture for County Building** as set forth herein.

2.1.2 Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:

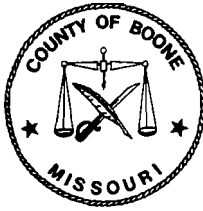
- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Scope of Services
- 4) Proposal Submission Information
- 5) Response/Pricing Page

2.2. Guideline for Written Questions:

2.2.1 All questions regarding this Request for Proposal shall be submitted in writing, prior to the bid opening and preferably no later than 5:00 p.m., Thursday, June 21, 2007. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPB, Director of Purchasing. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

- a. Melinda Bobbitt, CPPB
Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

2.2.2 In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any amendment to this RFP is valid only if in writing and issued by the Boone County Purchasing Department. Verbal conversations or agreements with any officer, agent, or employee of the County which modify any terms or obligations of this RFP are invalid.



SCOPE OF SERVICES

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, desires to contract with a firm for the design, furnishing, delivery and installation of used furniture (remanufactured or recycled) at the County owned building located at 101 North 7th Street, Columbia, MO.

3.2. Scope of Work:

Base Bid: The contractor shall design, furnish, deliver, and install systems furniture to include twelve (12) work station units equipped with task and side chairs. At a minimum, each work station shall include the following:

Cubicles: 6 – 6 ½ feet (panel length)

Panel Height: less than 45”

(2) Double Pedestal Files

Powered Panels

Keyboard Drawer

Task Chair, medium grade

Side Chair

Option #1: Center 12” Extension Privacy Panel added to work stations. (The County plans to award the Base Bid and may or may not award Option #1 depending on County need and bid price received).

Specifications for Furniture:

- The same neutral finishes shall be used throughout the entire space.
- Paint, laminate and plastic shall be the same for all workstations.
- Consistency shall be maintained on a manufacturer(s) basis. Example: Pedestal can be one manufacturer, work surfaces can be another manufacturer, supports can be another manufacturer, etc.
- Consistency shall be maintained in drawer pulls and work surface edge detail.
- If any of the above consistency standards cannot be met, please attach and detail description of any variations.

Furniture quoted may be recycled (pre-owned) or remanufactured.

The contractor is required to attend the mandatory pre-bid meeting in order to view the work space and design the layout of the systems furniture based on the current location of electrical and phone lines. In addition, the contractor is responsible to field measure the building and to ensure that the furniture and power connections properly fit in the space.

The office space should be completed and ready for occupancy by August 1, 2007. Please state on Response Page your estimated completion date. Note: Time is of the essence and will be a major criterion in the determination of award of contract.

The contractor is responsible for all hardware, supports and components to complete the (12) work station furniture plan. The County will not be held financially responsible for any missing product.

3.3. Contract Terms and Conditions:

3.3.1. The successful Offeror is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement or its rights, title or interest therein, or its power to execute such agreement to any other person, company or corporation without the prior consent and approval in writing by the County.

3.3.2. Offeror must clearly state any restrictions or deviations from these specifications. In the absence of such statement, the County will assume that all items/services offered are in strict compliance with the technical requirements, contract terms and conditions as described in these specifications. The proposal of the Contractor will be included as part of the final contract.

3.3.3. Totals bid on the attached Response Page must include all fees for design, furnishing, delivery, and installation.

All deliveries shall be made FOB Destination with freight charges fully included and prepaid. The seller pays and bears the freight charges.

The Contractor shall be responsible for providing all labor and materials necessary to complete the installation, which shall include delivery of furniture to the installation site, unpacking, inspection for damage, assembly as required and shown on installation drawings provided by Contractor, setting furniture in place, and removal of packing material from the premises. All furniture shall be in a clean and operating condition, with no scratches, dents or other damage, before acceptance by the County.

3.3.4. The Contractor shall provide insurance as follows:

3.3.4.1. Insurance Requirements: The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

3.3.4.2. Compensation Insurance - The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the

Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.

3.3.4.3. Comprehensive General Liability Insurance - The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

3.3.4.4. The Contractor has the option to provide **Owner's Contingent or Protective Liability and Property Damage** instead of the **Comprehensive General Liability Insurance**- The Contractor shall provide the County with proof of Owner's Protective Liability and Property Damage Insurance with the County as named insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum amounts of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply.

3.3.4.5. COMMERCIAL Automobile Liability – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

3.3.4.6. Proof of Carriage of Insurance - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

3.3.4.7. INDEMNITY AGREEMENT: To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

3.3.5. Cancellation Agreement:

The County reserves the right to cancel the contract with cause, if at any time the Contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the Contractor to comply with any of the provisions of this contract may be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Boone County. Boone County may allow Contractor reasonable opportunity to cure material breach, but is not required to do so.

3.3.6. Invoicing:

Invoice should be submitted to Boone County Commission office for payment which will be made 30 days after receipt of a correct and valid monthly statement. The County's contract number must appear on the invoice/statement. The billing address is Boone County Commission, 801 East Walnut, Room 245, Columbia, MO 65201.

3.3.7. Guarantee:

Bidder agrees to unconditionally guarantee all furniture against defect in material, workmanship and performance for a period of one year from the date of acceptance by the County, unless otherwise specified on the response page.

3.3.8. Installation Requirements:

The installer shall contact the County with a minimum notice of three (3) working days to schedule installation by calling Boone County Facilities Maintenance Manager, Bob Davidson at (573) 886-4400.



4. PROPOSAL SUBMISSION INFORMATION

4.1. RESPONSE TO PROPOSAL

4.1.1. Submission of Proposals:

4.1.1.1. When submitting a proposal, the Offeror should include the **original and five (5) additional copies**.

a. The Offeror shall submit the proposal to:

Boone County Purchasing Department
Attn: Melinda Bobbitt, CPPB, Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, MO 65201

b. The proposals must be delivered no later than **10:30 a.m. on June 26, 2007**. Proposals may not be accepted after this date and time.

4.1.1.2. To facilitate the evaluation process, the Offeror is encouraged to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein.

a. Each distinctive section should be titled with each individual evaluation category and all material related to that category should be included therein.

b. The signed response page from the original RFP and all signed amendments should be placed at the beginning of the proposal.

c. The Proposal must, at a minimum, address all mandatory and desired services, equipment, materials, etc. Responses will fully describe how the service will be performed and what hardware/software (if any) is required at the County to access the service.

4.1.1.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.1.1.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.1.2. Competitive Negotiation of Proposals: The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.1.2.1. Negotiations may be conducted in person, in writing, or by telephone.

4.1.2.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.1.2.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.1.2.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.1.3. Evaluation and Award Process:

4.1.3.1. After determining a responsible Offeror and a responsive proposal through the determination that the proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use both objective analysis and subjective judgment in conducting a comparative assessment of the proposal in accordance with the evaluation criteria stated below:

- a. **Method of Performance**
- b. **Experience/Expertise**
- c. **Cost**

4.1.3.2. After an initial evaluation process, a question and answer interview may be conducted with the Offeror, and/or a tour of the vendor's facility, if deemed necessary by the County. In addition, the Offeror may be asked to make an oral presentation of their proposal to the evaluation team at a designated Boone County location. Attendance cost shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.1.4. Evaluation:

4.1.4.1. Experience and reliability of the Offeror's organization are considered subjectively in the evaluation process. Therefore, the Offeror is advised to submit any information, which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

4.1.4.2. The Offeror should provide the following information related to previous and current services/contracts performed by the Offeror's organization and any proposed subcontractors which are similar to the requirements of this RFP (This information may be shown on the form attached as Attachment B to this RFP or in a similar manner):

- a. Name, address, and telephone number of client/contracting agency and a representative of that client/agency who may be contacted for verification of all information submitted;
- b. Dates and locations of the service/contract; and
- c. A brief, written description of the specific prior services performed and requirements thereof.

4.1.4.3. The Offeror should submit a copy of all licenses, certifications, accreditation, and/or permits, which may be required by state, federal, and/or local law, statute, or regulation in the course of conduct of the Offeror's business. If not submitted with the proposal, the County reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.

4.1.4.4. Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative, which demonstrates the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

4.1.4.5. Where the words "shall" or "must" are used, they signify a required minimum function of system capacity that will heavily impact the Bidder's final response rating.

- 4.1.4.6. Where the words “should”, “may” or “desired” are used, they signify that the feature or capacity is desirable but not mandatory; therefore, the specifications in question will possess minimal impact on the Bidder’s final response rating.
- 4.1.4.7. The method by which the proposed method of performance is written will be left to the discretion of the Offeror. However, the Offeror should address each specific paragraph and subparagraph of the Specifications by paragraph and page number as an item for discussion. Immediately below these numbers, write descriptions of how, when, by whom, with what, to what degree, why, where, etc, the requirements will be satisfied.



5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the workspace/services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____

5.1. One (1) Lot of Furniture for 12 work station units: \$ _____

5.2. Option #1: Center 12" Extension Privacy Panel for all stations \$ _____

5.3. Grand Total for all furniture for 12 units including Option #1: \$ _____

5.4. Work will begin after receipt of purchase order: _____ days

5.5. Work will be completed after receipt of purchase order: _____ days

5.5. Describe warranty: _____

5.6. (Attach itemized list of furniture, drawings and an installation total. List shall include description, color, quantity, manufacturer quoted, and price for each piece and any deviations to specifications. Also state if furniture is recycled or remanufactured).



"No Bid" Response Form

Boone County Purchasing
601 E. Walnut, Room 208
Columbia, MO 65201

Melinda Bobbitt, CPPB, Director
(573) 886-4391 – Fax: (573) 886-4390

"NO BID RESPONSE FORM"

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO
SUBMIT A BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list **for this service/commodity**, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this "No Bid" Response Form to our office, the FAX number is (573) 886-4390.

Bid: 51-26JUN07 – Used Furniture for County Building

Business Name: _____

Address: _____

Telephone: _____

Contact: _____

Date: _____

Reason(s) for Not Bidding:

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

September Session of the July Adjourned

Term. 20 07

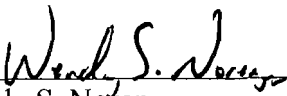
In the County Commission of said county, on the 6th day of September 20 07

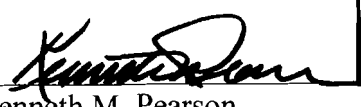
the following, among other proceedings, were had, viz:

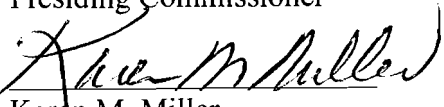
Now on this day the County Commission of the County of Boone does hereby authorize the utilization of the City of Columbia cooperative contract for Paging and Paging Service with Midwest Paging of Purdy, Missouri. It is further ordered the Presiding Commissioner is hereby authorized to sign said contract.

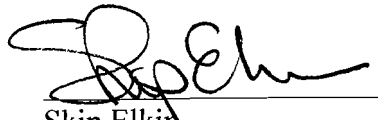
Done this 6th day of September, 2007.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

September Session of the July Adjourned

Term. 20 07

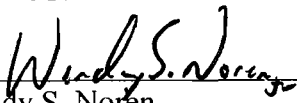
In the County Commission of said county, on the 6th day of September 20 07

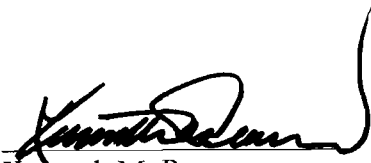
the following, among other proceedings, were had, viz:

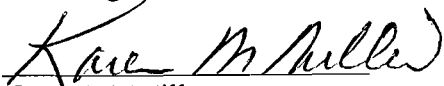
Now on this day the County Commission of the County of Boone does hereby approve the purchase of two (2) laptop computers and the funding of a Hazardous Materials Transportation Study for the Boone County Local Emergency Planning Committee.

Done this 6th day of September, 2007.

ATTEST:


Wendy S. Noren
Clerk of the County Commission


Kenneth M. Pearson
Presiding Commissioner


Karen M. Miller
District I Commissioner


Skip Elkin
District II Commissioner



Boone County Local Emergency Planning Committee
2201 I-70 Drive Northwest · Columbia · Missouri · 65202 · 573-447-5000

August 31, 2007

TO: Ken Pearson
Karen Miller
Skip Elkin

FR: Scott Olsen, LEPC Chair
Terry Cassil, LEPC Vice Chair

RE: Purchase Request

At its second quarterly meeting for 2007, the LEPC approved two purchase requests. The first request was to replace two aging laptop computers for each of the two Hazardous Materials Response Teams in Boone County: one for the Boone County Fire District and one for the Columbia Fire Department. See attached.

The second purchase request was to fund a Hazardous Materials Transportation Study. The LEPC is responsible for evaluating the need for resources necessary to develop, implement, and exercise the comprehensive emergency response plan, and shall make recommendations with respect to additional resources that may be required and the means for providing such additional resources (United States Code Title 42, Chapter 116, Subchapter I, Section 11003 (b)). It has been approximately twenty years since Boone County has had a hazardous materials transportation study completed. Global Insight's U.S. HazMat Tracking Service is specifically designed for state and county emergency management departments and agencies to support emergency management resource planning and funding efforts, and is being offered exclusively to government organizations.

LEPC - Fed law -

Emergency Planning → Public / Private Emergency Response plan -

Process being developed.

2) Table top exercises - have been good / Perspectives
Ex: 3M, Kraft, ABC Labs.

Hubble Corp.

Involve all public entities in next few years.

* Unified Command
imp. w/ Private Companies involved.



Boone County Local Emergency Planning Committee
2201 I-70 Drive Northwest · Columbia · Missouri · 65202 · 573-447-5000

August 31, 2007

TO: Ken Pearson
Karen Miller
Skip Elkin

FR: Scott Olsen, LEPC Chair
Terry Cassil, LEPC Vice Chair

RE: Purchase Request: Two Laptop Computers

The Boone County Local Emergency Planning Committee requests that the Boone County Commission approve the following purchase request:

Two (2) laptop computers: one for the Boone County Fire Districts Hazardous Materials Response Team and one for the Columbia Fire Departments Hazardous Materials Response Team.

Items requested: Two (2) Dell Laptop Computer with Microsoft Office 2007 Software.
Cost \$3327.13 each (Subtotal: \$6654.26)

Two (2) Samsonite Computer Cases on Wheels
Cost \$140.00 (Subtotal: \$280.00)

Two (2) Portable Hewlett Packard DeskJet 460CB Mobile Inkjet Printers
Cost \$299.99 each (Subtotal: \$599.98)

Total: \$ 7534.24 (does not include shipping)

Justification: The LEPC has previously purchased laptop computers for the Boone County Fire District and the Columbia Fire Department Hazardous Materials Response Teams. Having been purchased over 7 years ago, both of these laptops are old and slow. Each laptop would be used by their respective Hazardous Materials Response Teams to access chemical databases, plot aerial plumes, view aerial imagery of the county, etc.



Boone County Local Emergency Planning Committee
2201 I-70 Drive Northwest · Columbia · Missouri · 65202 · 573-447-5000

August 31, 2007

TO: Ken Pearson
Karen Miller
Skip Elkin

FR: Scott Olsen, LEPC Chair
Terry Cassil, LEPC Vice Chair

RE: Purchase Request: Hazardous Materials Transportation Study

The Boone County Local Emergency Planning Committee requests that the Boone County Commission approve the following purchase request:

One (1) Hazardous Materials Transportation Study from Global Insight: Cost \$6000.00 using 2006 data.

Justification: The LEPC is responsible for evaluating the need for resources necessary to develop, implement, and exercise the comprehensive emergency response plan, and shall make recommendations with respect to additional resources that may be required and the means for providing such additional resources (United States Code Title 42, Chapter 116, Subchapter I, Section 11003 (b)). It has been approximately twenty years since Boone County has had a hazardous materials transportation study completed. Global Insight's U.S. HazMat Tracking Service is specifically designed for state and county emergency management departments and agencies to support emergency management resource planning and funding efforts, and is being offered exclusively to government organizations. This service was developed to meet the needs of several U.S. counties to gather reliable, detailed county-level freight flow information to support the preparation of critical emergency response programs. The HazMat Service projects the anticipated flow of hazardous materials freight, allowing county agencies to prepare infrastructure, and efficiently allocate resources to ensure the safest possible movement of these materials.