

ROCK COUNTY, WISCONSIN



Rock Haven  
P.O. Box 920  
Janesville, Wisconsin 53547-0920  
Phone 608-757-5076  
Fax 608-757-5026

**HEALTH SERVICES COMMITTEE**  
**Wednesday, April 12, 2017 at 8:00 a.m.**  
**Rock Haven Conference Room**

**AGENDA**

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – March 8, 2017
4. Introductions, Citizen Participation, Communications and Announcements
5. Information Item: Review of Payments
6. **Action Item:** Budget Transfers
7. Finance – Joanne Foss
8. Old Business
  - a. Information Item: Code Alert System
9. New Business
  - a. Information Item: Resident Council Minutes – February (minutes to be provided)
  - b. **Action Item:** Contract with Accurate Imaging Inc.
10. Information Item: Reports
  - a. Census
  - b. Activities
    - 1) Staff Education for April
      - a. Fire Safety
      - b. CPR Recertification
    - 2) Resident Council Meeting – April 18, 2017 at 10:15 am.
11. Next Meeting Date - The next regular meeting of the Health Services Committee is scheduled for Wednesday, May 10, 2017 at 8 A.M. in the Rock Haven Conference Room of the Village Commons.

12. Adjournment

SP/ML

\*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF MARCH 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-3250-0000-64904	SUNDRY EXPENSE	P1700061	03/30/2017	LIVING DESIGN INC	363.73
				<b>ROCK HAVEN PROG TOTAL</b>	<b>363.73</b>
32-7260-7400-62171	AMBULANCE	P1700058	03/02/2017	LAVIGNE BUS COMPANY INC	49.00
		P1700077	03/30/2017	PARATECH AMBULANCE SERVICE INC	667.80
32-7260-7400-62176	LABORATORY	P1700067	03/23/2017	MERCY HEALTH SYSTEM	1,629.56
32-7260-7400-62189	OTHER MED SERV	P1700069	03/09/2017	MOBILEXUSA	451.11
				<b>RH CONTRACT SERVICES T-18 PROG TOTAL</b>	<b>2,797.47</b>
32-7500-7350-63109	OTHER SUPP/EXP	P1700276	03/23/2017	ROCK COUNTY HEALTH CARE	90.00
32-7500-7350-64300	REC THERAPY	P1700130	03/02/2017	CHARTER COMMUNICATIONS	1,871.70
				<b>RH-PROGRAM SERVICE ADMIN. PROG TOTAL</b>	<b>1,961.70</b>
32-8000-8100-63100	OFC SUPP & EXP	P1700053	03/09/2017	JP MORGAN CHASE BANK NA	377.66
32-8000-8100-63104	PRNT & DUPLICATI	P1700053	03/09/2017	JP MORGAN CHASE BANK NA	678.94
32-8000-8100-63109	OTHER SUPP/EXP	P1700050	03/02/2017	GORDON FOOD SERVICE	1,831.64
		P1700053	03/09/2017	JP MORGAN CHASE BANK NA	205.70
		P1700275	03/23/2017	ROCK COUNTY HEALTH CARE	37.17
32-8000-8100-64000	MEDICAL SUPPLIES	P1700047	03/30/2017	EZ WAY INC	1,370.55
		P1700048	03/23/2017	FITZSIMMONS HOSPITAL SERVICES	182.00
		P1700050	03/02/2017	GORDON FOOD SERVICE	578.80
		P1700062	03/09/2017	MCKESSON MEDICAL SURGICAL MN S	8,307.06
		P1700063	03/09/2017	MEDLINE INDUSTRIES INC	2,181.54
		P1700078	03/02/2017	PATTERSON MEDICAL	446.10
		P1700273	03/02/2017	PROFESSIONAL MEDICAL INC	5,199.74
		P1700279	03/23/2017	SHOPKO INC #130	1.00
32-8000-8100-64003	OXYGEN SUPPLIES	P1700281	03/09/2017	SPECIALIZED MEDICAL SERVICES	1,106.35
32-8000-8100-64408	DISPOSABLES	P1700062	03/02/2017	MCKESSON MEDICAL SURGICAL MN S	10,041.22
				<b>SUPPORT SERVICE MATERIALS PROG TOTAL</b>	<b>32,545.47</b>
32-8000-8200-63109	OTHER SUPP/EXP	P1700062	03/02/2017	MCKESSON MEDICAL SURGICAL MN S	1,218.78
		P1700273	03/09/2017	PROFESSIONAL MEDICAL INC	7.42
				<b>SUPPORT SERVICE PHARMACY PROG TOTAL</b>	<b>1,226.20</b>

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FOR THE MONTH OF MARCH 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-8000-9100-63109	OTHER SUPP/EXP	P1700284	03/02/2017	SYSCO FOODS OF BARABOO LLC	661.05
		P1701157	03/09/2017	DIRECT SUPPLY EQUIPMENT	455.98
32-8000-9100-64102	DAIRY	P1700045	03/02/2017	COUNTRY QUALITY DAIRY	3,452.23
		P1700284	03/02/2017	SYSCO FOODS OF BARABOO LLC	1,137.22
32-8000-9100-64105	GROCERIES	P1700050	03/02/2017	GORDON FOOD SERVICE	7,706.06
		P1700076	03/02/2017	PAN-O-GOLD BAKING CO	964.55
		P1700284	03/02/2017	SYSCO FOODS OF BARABOO LLC	5,738.85
		P1700285	03/02/2017	TROPIC JUICES INC	1,308.00
32-8000-9100-64107	MEAT	P1700050	03/02/2017	GORDON FOOD SERVICE	3,234.59
		P1700284	03/02/2017	SYSCO FOODS OF BARABOO LLC	2,451.28
32-8000-9100-64109	SUPPLEMENT	P1700273	03/02/2017	PROFESSIONAL MEDICAL INC	455.52
		P1700284	03/02/2017	SYSCO FOODS OF BARABOO LLC	923.47
<b>SUPPORT SERVICE FOOD SERVICE PROG TOTAL</b>					<b>28,488.80</b>
32-8000-9200-62420	MACH & EQUIP RM	P1700105	03/30/2017	ASC1 INC	83.47
		P1700108	03/16/2017	BATTERIES PLUS LLC	641.60
		P1700118	03/23/2017	HOBART SALES AND SERVICE	1,661.20
		P1700123	03/30/2017	LAND AND WHEELS	375.99
		P1700127	03/02/2017	SUPPLY WORKS	41.10
32-8000-9200-62460	BLDG SERV R&M	P1700625	03/09/2017	MOTION INDUSTRIES INC	310.29
		P1700193	03/02/2017	TAS COMMUNICATIONS INC	79.00
32-8000-9200-62470	BLDG R & M	P1700108	03/02/2017	BATTERIES PLUS LLC	997.29
		P1700115	03/02/2017	FIRST SUPPLY MADISON LLC	881.34
		P1700125	03/23/2017	PIEPER ELECTRIC INC	1,185.00
		P1700133	03/09/2017	MENARDS	98.73
		P1700812	03/16/2017	SANIMAX LLC	540.00
32-8000-9200-63109	OTHER SUPP/EXP	P1701310	03/30/2017	ACCURATE APPLIANCE REPAIR LLC	60.00
		P1700114	03/09/2017	FASTENAL COMPANY	26.34
		P1700116	03/16/2017	HOH WATER TECHNOLOGY INC	806.44
		P1700117	03/30/2017	HARRIS ACE HARDWARE LLP	8.59
		P1700132	03/16/2017	HD SUPPLY	29.95
		P1700133	03/02/2017	MENARDS	234.25
		P1701100	03/02/2017	GRAINGER	92.28
<b>SUPPORT SERVICE MAINTENANCE PROG TOTAL</b>					<b>8,152.86</b>
32-8000-9300-62163	LAUNDRY				
		P1700041	03/02/2017	ARAMARK UNIFORM SERVICES INC	6,753.94
32-8000-9300-62164	DISPOSAL SERV				

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Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
		P1700040	03/16/2017	ADVANCED DISPOSAL SERVICES	1,123.22
		P1700059	03/23/2017	LB MEDWASTE SERVICES	104.48
		P1700073	03/02/2017	OFFICE PRO INC	37.92
32-8000-9300-63109	OTHER SUPP/EXP				
		P1700066	03/23/2017	MENARDS	227.55
32-8000-9300-63111	PAPER PRODUCTS				
		P1700062	03/09/2017	MCKESSON MEDICAL SURGICAL MN S	1,617.37
		P1700272	03/02/2017	PROFESSIONAL MEDICAL INC	1,124.49
		P1700280	03/23/2017	STAPLES BUSINESS ADVANTAGE	825.00
32-8000-9300-63404	JANITOR/CLEANING				
		P1700072	03/16/2017	NORTH AMERICAN CORPORATION	1,455.10
		P1700283	03/09/2017	SUPPLY WORKS	1,662.36
		<b>SUPPORT SERVICE ENVIRONMENTAL PROG TOTAL</b>			<b>14,931.43</b>
32-8000-9500-64200	TRAINING EXP				
		P1700053	03/09/2017	JP MORGAN CHASE BANK NA	947.00
		P1700062	03/02/2017	MCKESSON MEDICAL SURGICAL MN S	635.48
		P1700275	03/23/2017	ROCK COUNTY HEALTH CARE	20.00
32-8000-9500-64416	LICENSES				
			03/23/2017	JASS, BARBARA	86.00
			03/30/2017	DICKERSON, NATALIE	86.00
			03/23/2017	BATTEN NICHOLSON, LORI	82.00
			03/23/2017	MALICKI, KELLI	86.00
			03/30/2017	KEMPF, HEATHER	86.00
			03/23/2017	BOYD, DONNA	86.00
32-8000-9500-67161	CA \$5,000/MORE				
		P1701155	03/09/2017	PIEPER ELECTRIC INC	1,485.00
		<b>SUPPORT SERVICE ADMINISTRATION PROG TOTAL</b>			<b>3,599.48</b>
32-8000-9700-62174	INTERNIST				
		P1700288	03/09/2017	WEST MD, WILLIAM PETER	15,080.00
		<b>SUPPORT SERVICE MEDICAL STAFF PROG TOTAL</b>			<b>15,080.00</b>
32-9000-9920-62203	NATURAL GAS				
			03/23/2017	ALLIANT ENERGY/WP&L	1,196.33
		<b>GENERAL SERVICES UTILITIES PROG TOTAL</b>			<b>1,196.33</b>
32-9000-9930-62210	TELEPHONE				
		P1700039	03/30/2017	ABILITY NETWORK INC	407.00
		<b>GENERAL SERVICE TELEPHONE PROG TOTAL</b>			<b>407.00</b>
32-9000-9940-61920	PHYSICALS				
		P1700074	03/23/2017	OCCUPATIONAL HEALTH CENTER	435.00
		<b>GENERAL SERVICE EMP BENEFITS PROG TOTAL</b>			<b>435.00</b>

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I have reviewed the preceding payments in the total \$111,185.47

Date: Dept \_\_\_\_\_

Committee \_\_\_\_\_

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF MARCH 2017

Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
32-7260-7400-62179	PHARMACY	P1700075	03/16/2017	OMNICARE PHARMACIES OF	11,278.11
32-7260-7400-62180	PHYSICAL THERAPY	P1700068	03/23/2017	MJ CARE INC	14,342.36
32-7260-7400-62185	OCCUP.THERAPY	P1700068	03/23/2017	MJ CARE INC	13,799.77
32-7260-7400-62186	SPEECH THERAPY	P1700068	03/23/2017	MJ CARE INC	4,305.23
				<b>RH CONTRACT SERVICES T-18 PROG TOTAL</b>	<b>43,725.47</b>
32-8000-8200-62104	CONSULTING SERV	P1700075	03/16/2017	OMNICARE PHARMACIES OF	964.37
				<b>SUPPORT SERVICE PHARMACY PROG TOTAL</b>	<b>964.37</b>
32-8000-9500-64415	PROVIDER TAX	P1700286	03/09/2017	WISCONSIN DEPARTMENT OF	21,760.00
32-8000-9500-67161	CA \$5,000/MORE	P1602322	03/23/2017	RF TECHNOLOGIES INC	65,000.00
				<b>SUPPORT SERVICE ADMINISTRATION PROG TOTAL</b>	<b>86,760.00</b>
32-9000-9920-62201	ELECTRIC		03/23/2017	ALLIANT ENERGY/WP&L	16,619.86
				<b>GENERAL SERVICES UTILITIES PROG TOTAL</b>	<b>16,619.86</b>

**COMMITTEE REVIEW REPORT**  
FOR THE MONTH OF MARCH 2017

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Account Number	Account Name	PO#	Check Date	Vendor Name	Inv/Enc Amt
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I have reviewed the preceding payments in the total \$148,069.70

Date: Dept \_\_\_\_\_  
Committee \_\_\_\_\_

## 2017 Patient Revenues for Rock Haven February

Limestone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$55,992	\$104,160	-\$48,168	-46%	\$106,967	\$219,480	-51%
Hospice	\$18,543	\$10,973	\$7,570	69%	\$43,732	\$23,121	89%
Medical Assistance	\$128,112	\$171,907	-\$43,795	-25%	\$325,438	\$362,234	-10%
Private Pay	\$114,529	\$110,152	\$4,377	4%	\$217,357	\$232,106	-6%
<b>Total</b>	<b>\$317,176</b>	<b>\$397,192</b>	<b>-\$80,016</b>	<b>-20%</b>	<b>\$693,494</b>	<b>\$836,941</b>	<b>-17%</b>

Sandstone							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$55,992	\$63,840	-\$7,848	-12%	\$106,967	\$134,520	-20%
Hospice	\$15,128	\$8,797	\$6,331	72%	\$36,224	\$18,537	95%
Medical Assistance	\$131,527	\$211,139	-\$79,612	-38%	\$332,946	\$444,901	-25%
Private Pay	\$114,529	\$85,026	\$29,503	35%	\$217,357	\$179,162	21%
<b>Total</b>	<b>\$317,176</b>	<b>\$368,803</b>	<b>-\$51,627</b>	<b>-14%</b>	<b>\$693,494</b>	<b>\$777,120</b>	<b>-11%</b>

Total Rock Haven							
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Percentage Over/-Under
Medicare	\$111,984	\$168,000	-\$56,016	-33%	\$213,934	\$354,000	-40%
Hospice	\$33,671	\$19,770	\$13,901	70%	\$79,956	\$41,659	92%
Medical Assistance	\$259,639	\$383,047	-\$123,408	-32%	\$658,384	\$807,135	-18%
Private Pay	\$229,058	\$195,178	\$33,880	17%	\$434,714	\$411,268	6%
<b>Total</b>	<b>\$634,352</b>	<b>\$765,995</b>	<b>-\$131,643</b>	<b>-17%</b>	<b>\$1,386,988</b>	<b>\$1,614,061</b>	<b>-14%</b>





## PORTABLE IMAGING AND DIAGNOSTIC TESTING SERVICES AGREEMENT

THIS AGREEMENT is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_, 2017 (the "Effective Date") by and between Accurate Imaging, Inc. ("Service Provider") and County of Rock County DBA Rock Haven ("Company"). Service Provider and Company are collectively referred to herein as "Parties" or individually as "Party".

### RECITALS

WHEREAS, Service Provider provides portable imaging and other diagnostic testing services to patients whose diagnoses and/or medical conditions require medically necessary portable services; and

WHEREAS, Company desires that Service Provider perform certain portable imaging and diagnostic testing services for its patients/clients (collectively the "Patients" or individually a "Patient");

NOW, THEREFORE, in consideration of the mutual promises and agreements, representations, warranties, and covenants herein contained, and other good and valuable consideration, the receipt and sufficiency of which are forever acknowledged and accepted, the Parties, intending to be legally bound, hereby agree as follows:

#### **1. Duties and Obligations of Service Provider.**

- a. Portable imaging and other diagnostic testing services to be rendered by Service Provider at the location requested by Company are identified in the attached **Exhibit A** (hereinafter "Services"). A valid order from a licensed physician or qualified non-physician practitioner (NPP), who has a current enrollment record in the Medicare PECOS (Provider Enrollment Chain and Ownership System) data base or who has validly opted out of Medicare must be received by Service Provider before Services can be rendered.
- b. Services are performed by qualified personnel using portable imaging and other diagnostic testing equipment supplied by Service Provider. Service Provider to submit evidence of personnel qualifications upon request.
- c. Timely forward written results of diagnostic testing to Company.
- d. Service Provider shall provide Company with a copy of images upon request of the facility or ordering physician or NPP. Some images may also be viewed using online access provided by Service Provider, such as when images are uploaded to a hospital's or clinic's electronic health record.

#### **2. Duties and Obligations of Company.**

- a. Company shall request Services from Service Provider by telephone, facsimile, or through Service Provider's online ordering system via the Internet.



- b. Company shall give Service Provider the following information when Services are requested:
  - i. Patient demographics required to perform the test and submit a claim, such as a facesheet used by Company to record this information;
  - ii. Complete insurance information for primary and any secondary insurers;
  - iii. Ordering/Referring Information to include the full name of the treating physician or NPP and the individual's National Provider Identification (NPI) number;
  - iv. Type of diagnostic test (s) requested including how many views when applicable;
  - v. Reasons for diagnostic test(s) including the medical necessity for portable diagnostic services; and
  - vi. Clearly stated request for STAT testing when the order or referral included such requests.
- c. Company shall provide access to and permit Service Provider to use sufficient space within the Company's designated location to perform the Services.
- d. Company shall provide Service Provider a copy of the order / referral before Services are completed. Company will forward a copy of the signed order / referral as soon as it is available.
- e. Company shall be responsible for verifying the legibility of a treating physician's or NPP's signature, such as through the use of a signature log for verification of a written signature.
- f. Company shall maintain, and permit Service Provider access to, the Patient's protected health information and other patient records, including records supporting the medical necessity of the Services, including after the testing has been completed.
- g. Company shall permit Service Provider to audit patient records related to Services provided upon request. Audit requests may include, but are not limited to: physician or NPP orders or referrals, documents evidencing valid signatures, document with patient information required to submit a claim for Services.

### 3. Compensation

- a. Company will remit to Service Provider compensation as set forth in **Exhibit B**, attached hereto and incorporated by reference, for the Services rendered by Service Provider.
- b. With the exception of services where Company is required to submit claims for Services directly to payors, Service Provider will be responsible for all direct billing to third-party payors and/or Patients for diagnostic tests provided under this Agreement.



- c. For Services where Company is required to bill the payor directly, Company will make fair market payments to Service Provider in the amounts set forth in **Exhibit B**, attached hereto and incorporated by reference.
  - d. Service Provider agrees to submit an invoice for such services on a monthly basis, no later than the 15<sup>th</sup> day of the month following the month in which such services were rendered. Company agrees to pay such invoices within thirty (30) days following receipt of receiving an invoice. If Company fails to make full payment when due, Company will be charged 1.5% interest each month on the outstanding balance. If Company's account becomes past due with an amount exceeding \$10,000 the Company will be placed on credit hold until payment can be made.
4. **Term and Renewal.** This Agreement shall commence as of the Effective Date and shall continue for an initial term of one (1) year and shall automatically renew for additional successive terms of one (1) year, unless terminated consistent with Section 5 below. The term of each renewal period shall commence immediately upon the conclusion of the original term of the Agreement or the preceding renewal period, as the case may be.
5. **Termination**
- a. **Termination Without Cause.** This Agreement may be terminated without cause by either Party by giving no less than ninety (90) calendar days' written notice.
  - b. **Termination With Cause.** If a Party materially breaches any term or condition of this Agreement and fails to cure such material breach within ten (10) days following written notice to the other Party detailing such material breach, then this Agreement may be immediately terminated upon written notice by the non-breaching Party to the other Party.
  - c. **Immediate Termination.** This Agreement shall terminate automatically upon notice by either Party in the event of any of the following:
    - i. Company's or Service Provider's revocation of billing privileges, exclusion, debarment, or loss from participation in any federally funded program such as Medicare or Medicaid.
    - ii. Upon the dissolution of either Party.
    - iii. If either Party applies for or consents to the appointment of a receiver, trustee or liquidator of itself or of all or a substantial part of its assets, files a voluntary petition of bankruptcy, or admits in writing its inability to pay its debts as they become due, makes a general assignment for the benefit of creditors, files a petition or any answer seeking reorganization or arrangement with creditors or takes advantage of any insolvency law, or if an order, judgment or decree



shall be entered by a court of competent jurisdiction or an application of a creditor, adjudicating the Party to be bankrupt or insolvent, or approving a petition seeking reorganization of the Party or appointing a receiver, trustee or liquidator of the Party or of all or a substantial part of its assets, and such order, judgment or decree shall continue in effect and unstayed for a period of thirty (30) consecutive days.

iv. If either Party fails to maintain in full force and effect any insurance required under Section 6 below.

d. **Effect of Termination.** Upon termination of this Agreement regardless of the reason, all amounts owed to Service Provider by Company shall become immediately due and payable in full. Company shall continue to assist Service Provider in the collection of all sums due from any payor source other than Company. This Section shall survive any termination of this Agreement.

## 6. Insurance and Indemnification

a. **Insurance.** Each Party shall procure and maintain in full force and effect general and professional liability insurance with liability coverage not less than \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate. Each Party shall provide the other with copies of certificates of insurance confirming the effective dates of the policy and the coverage limits upon request.

### b. Indemnification.

i. Service Provider agrees to indemnify, defend and hold Company, its shareholders, directors, officers, employee and agents harmless from and against all claims, demands, causes of action, losses, damages, fines, penalties, liabilities, costs and expenses (including reasonable attorneys' fees and court costs) suffered or incurred by, or assessed against or on behalf of Company by reason of, or arising out of, any breach of this Agreement by Service Provider or the negligence or willful misconduct by Service Provider.

ii. Company agrees to indemnify, defend and hold Service Provider, its shareholders, directors, officers, employees and agents harmless from and against all claims, demands, causes of action, losses, damages, fines, penalties, liabilities, costs and expenses (including reasonable attorneys' fees and court costs) suffered or incurred by, or assessed against or on behalf of Service Provider by reason of, or arising out of, any breach of this Agreement by Company or the negligence or willful misconduct by Company.

## 7. Patient Information / Records:

a. **Patient Records.** Service Provider acknowledges that the records Company maintains on each of its patients (which includes medical records and other patient records), are



the sole property of Company. Company acknowledges that other records (which includes billing records, invoices, correspondence, and other patient and business records) required to be maintained separately by Service Provider to support its billing for Services are the sole property of Service Provider. At all times in which this Agreement is in effect, and after its termination, each Party shall have sole ownership of all its own records.

- b. **HIPAA Compliance.** Insofar as Service Provider and Company are “covered entities” rendering services to the same Patients, both Parties acknowledge and agree that this Agreement shall be subject to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Privacy Rule implementing HIPAA, 45 CFR part 160 and part 164, the Security Standards implementing HIPAA, 45 CFR parts 160, 162 and 164, the amendments to HIPAA set forth in Division A, Title XIII of the American Recovery and Reinvestment Act of 2009, known as The Health Information Technology for Economic and Clinical Health Act or “HITECH Act,” which are relevant to the Agreement and the applicable provisions of the regulations implementing certain provisions of the HITECH Act published as a Final Rule on Modifications to the Privacy, Security, Enforcement and Breach Notification Rules. Each such party shall take all further actions reasonably requested by another party as are necessary to comply with HIPAA and the HITECH Act.

**8. Proprietary Information.**

- a. **Definition.** For purposes of this Agreement, the term “Proprietary Information” shall include all types of proprietary data, trade secrets, and confidential information of either Party, whether oral or written, which is not legitimately in the public domain, including, but not limited to the following:
  - i. Any proposal, financial data, memoranda, manuals, policies, procedures, production books and audio or visual recordings which contain written information relating to the Services rendered by Service Provider or business and operations of Company;
  - ii. All marketing strategies, demographics and other materials developed or made available by Service Provider and not readily available through sources in the public domain;
  - iii. All trademarks, trade names, and service marks of either Party; and
  - iv. All other information, documentation, data, know-how, devices, designs, systems, procedures, controls and technology, whether obtained by either Party before or after the execution of this Agreement, relating to the Party’s business, trade secrets, and finances, without regard to medium of storage or method of transmission of such information, such as verbal, visual, written, magnetic, optical, or other machine-readable form, including without limitation all notes, minutes, and other summaries of planning meetings between the Parties.



- b. **Generally Public Information.** Proprietary Information shall not include information that was in the other Party's possession prior to the initiation of the negotiation of this Agreement, or is information rightfully obtained by it through third party sources.
  - c. **Confidentiality and Recourse.** The Proprietary Information disclosed to either Party pursuant to this Agreement is disclosed in confidence and with the understanding that it constitutes valuable business information developed at great expenditure of time, effort and money. The Parties will not, without the express prior written consent of the other Party, disclose or use the other Party's Proprietary Information for any purpose other than the performance of this Agreement. If any person seeks to compel either Party to disclose the other Party's Proprietary Information, the Party will promptly notify the other Party that such Proprietary Information is being sought so that other Party has the opportunity to seek an appropriate protective order. Upon termination of this Agreement for any reason, all Proprietary Information and copies thereof shall be returned to the Party that provided it.
  - d. **Enforcement.** The Parties acknowledge that the restrictions set forth in Section 8.c pertaining to the confidentiality of Proprietary Information and materials described in Section 8.a are reasonable in scope and essential to each Party's business interests and that the enforcement of Section 8.c shall not in any manner unreasonably restrict a Party from engaging in its business. The Parties further acknowledge that a breach of the covenants contained in Section 8.c shall have irreparable, material, and adverse effects and that damages arising from any such breach may be difficult to ascertain. Without limiting any other remedies available to a Party, the Parties agree that each Party shall have the right to an immediate injunction enjoining the other Party's breach of Section 8.c. In the event of a breach of Section 8.c, in addition to any damages a court of competent jurisdiction may find appropriate, the non-breaching Party shall be entitled to recover attorney's fees and other costs and expenses from the other Party incident to enforcing Section 8.c.
  - e. **Survival.** The provisions of this Section 8 shall survive the termination of this Agreement.
9. **Representations and Warranties.** Each Party makes the following representations and warranties to the other Party which are true and accurate upon execution of this Agreement and shall remain true and correct throughout the term of this Agreement:
- a. **Organizational Representations.** It is a legal entity duly formed, validly existing and in good standing under the laws of Wisconsin and has all requisite legal power, licenses, certifications and permits to enter into this Agreement and to perform its obligations hereunder.
  - b. **Program Participation Representations.** With respect to any federal health care program as defined in Section 1128B of the Social Security Act (42 U.S.C. § 1320a-7b(f))



or any state health care program as defined in Section 1128B of the Social Security Act (42 U.S.C. § 1320a-7b(h)) (collectively the "Programs"), neither Party, nor any individual with a direct or indirect ownership or controlling interest, nor any director, officer, agent or employee of such Party, is debarred, revoked, suspended or excluded from participation in such Programs. Neither it, its principals, employees, nor independent contractors is presently under investigation for wrong-doing, nor debarred, suspended, declared ineligible, voluntarily or involuntarily excluded from participation in healthcare reimbursement programs by any state or federal agency or program.

- c. **Notification.** Each Party further agrees to provide to the other Party immediate written notice, but not more than seventy-two (72) hours from when that Party knew of the change, after it becomes aware that any of the foregoing representations and warranties may be inaccurate or may become incorrect; and, upon notice that it is being investigated in connection with any Program or by any federal or state licensing agency.
10. **Fair Market Value / Referrals.** Parties determined that the amounts paid and to be paid under this Agreement to be the fair market value and are otherwise commercially reasonable through good faith and arms-length bargaining. Nothing in this Agreement shall be construed as an offer or payment by one party to the other party or any affiliate of the other party of any cash or other remuneration, whether directly or indirectly, overtly or covertly, specifically for Patient referrals or for recommending or arranging the purchase, lease, or order of any item or service. Referrals are not mandated by this Agreement and any payments made by Service Provider to Company or by Company to Service Provider are not in any way related to or dependent upon referrals by and between Company and Service Provider.
11. **Independent Contractors.** It is expressly understood and agreed by the Parties that nothing contained in this Agreement shall be construed to create a joint venture, partnership, association or other affiliation or like relationship between the Parties, it being specifically agreed that the Parties' relationship is and shall remain that of independent parties to a contractual relationship as set forth in this Agreement. Neither Party, nor employees or agents of either Party, shall be construed in any manner whatsoever to be an employee or agent of the other Party, nor shall this Agreement be construed as a contract of employment or agency. Both Parties shall be under no obligation to provide workers' compensation, disability or unemployment benefits, health or other insurance, vacation pay, sick leave, retirement benefits, social security, or employee benefit of any kind or to provide unemployment benefits for/to the other Party or to withhold, deduct, or pay income or social security taxes for that other Party.
12. **Changes in the Law.** In the event that any Medicare and/or Medicaid law, rule, regulation, or payment policy, or any rule or policy of any third-party payor, or any other federal, state or local law, rule, regulation, policy, or any interpretation at any time during the term of this Agreement is modified, implemented, or determined to prohibit, restrict, or in any way materially change the terms of this Agreement (a "Change"), then the Parties to this Agreement shall negotiate in good faith to amend this Agreement in a manner consistent with such Change and the intent of the Parties. If such negotiations are not concluded by mutual agreement within thirty (30) days, either Party may terminate this Agreement upon written notice to the other Party.



13. **Specific Performance.** In the event of a breach of a covenant or agreement set forth herein, either party shall be entitled to a decree of specific performance and any other remedies which may be had at Law
14. **Negotiated Agreement.** This Agreement and the instruments to be executed pursuant to this Agreement are the result of negotiations between Company and Service Provider. Accordingly, none of the foregoing parties shall be deemed to be the author of this Agreement or the resulting documents, and there shall be no presumption that this Agreement or any of such documents are to be construed for or against any such party on the basis of the authorship of the documents.
15. **Governing Law.** This Agreement shall be governed by and construed under and in accordance with the internal laws of the state of Wisconsin excluding any choice-of-law or conflict-of-law rules to the contrary.
16. **Notice.** Any notices or other communications required or permitted hereunder shall be in writing and shall be considered delivered in all respects: (i) upon actual delivery if delivery is by hand, or (ii) upon receipt if delivery is by telecopy, or (iii) the first business day following delivery by any nationally recognized overnight delivery service, or (iv) five (5) days after it is deposited in the United States mail, postage prepaid, certified or registered mail, return receipt requested. Each such notice shall be sent to the respective Party at the address set forth below or at such other places as the Party shall designate in writing in conformity with the provisions of this Section 15 for giving notice:

If to Service Provider:

Accurate Imaging, Inc.  
2895 Algoma Boulevard  
Oshkosh, WI 54901  
Attn: Nicole Swanson  
Facsimile Number: 920-233-6877

If to Company:

Rock Haven  
3400 N County Trunk Hwy F PO Box 5003  
Janesville WI 53547  
Attn: Administrator  
Facsimile Number: 608-757-5026

17. **Assignment.** This Agreement may not be assigned by either Party without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed except that either Party may assign this Agreement to any of its Affiliates or any party acquiring



substantially all of the assets, stock, or controlling interest of such party without the consent of the other party. For purposes of this Agreement, "Affiliates" shall mean all entities that control, are controlled by or are under common control with either of the Parties.

18. **Entire Agreement; Binding Effect.** This Agreement (including all exhibits attached hereto) contains the entire agreement between the Parties and supersedes all prior and contemporaneous agreements, understandings, negotiations, and discussions of the Parties, whether oral or written, and there are no representations, warranties, agreements, or understandings between the parties other than those set forth herein or executed simultaneously or in connection herewith. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors, and permitted assigns.
19. **Amendment.** This Agreement may be amended, modified, superseded, or cancelled, and any of the terms, covenants, representations, warranties, or conditions hereof may be waived, only by a written instrument executed on behalf of the Parties hereto or, in the case of a waiver, by the Party waiving compliance.
20. **Severability.** If any provision, clause, or part of this Agreement, or the application thereof under certain circumstances, is held invalid or unenforceable, the remainder of this Agreement, or the application of such provision, clause, or part under other circumstances, shall not be affected thereby.
21. **Waiver.** The failure of any party at any time or times to require performance of any provision of this Agreement shall in no manner affect the right to enforce that provision or any other provision hereof at any time thereafter, except as specifically limited herein.
22. **Nondiscrimination.** Parties agree that there shall be no discrimination in the performance of this Agreement against any employee, Patient, or other person as the result of that individual's race, color, disability, religion, sex, sexual preference, age, or national origin or in violation of applicable federal, state, or local law and regulation.
23. **Time of the Essence.** Time is deemed to be of the essence with respect to all of the terms, covenants, representations, and warranties of this Agreement.
24. **Titles and Headings.** Titles and headings to Sections herein are inserted for convenience of reference only and are not intended to be a part of or to affect the meaning or interpretation of this Agreement.
25. **Third-Party Beneficiaries.** Each party hereto intends that this Agreement shall not benefit or create any right or cause of action in or on behalf of any person or entity other than the parties hereto.
26. **Access to Books and Records.** In accordance with Medicare requirements under Section 952 of the Omnibus Reconciliation Act of 1980 (P.L. 96499) and such final implementing regulations



and to the extent that such requirements are applicable to this Agreement the Parties shall, while this Agreement is effective and until the expiration of four (4) years after furnishing of any Services under this Agreement, make available, upon written request to the Secretary, or the Comptroller General of the United States (the "Comptroller General"), or to any of their duly authorized representatives, a copy of this Agreement and such books, documents and records of Parties as are necessary to certify the nature and extent of the costs incurred by Company with respect to the Services furnished under this Agreement. If the Parties carries out any of the duties hereunder through a subcontract, with a value or cost of \$10,000 or more over a twelve (12) month period, such subcontract shall contain a clause identical to the foregoing concerning the maintenance of records and their availability to the Secretary or the Comptroller General.

27. **Compliance with Laws.** Notwithstanding any other provisions in this Agreement to the contrary, Service Provider shall comply with applicable federal, state, and/or local laws, rules, and regulations pertaining to the provision of Services.
28. **Force Majeure.** No Party shall be liable to the others for delays or failures in performance resulting from causes beyond the reasonable control of that Party with exception of the payment obligations, including, but not limited to, acts of God, labor disputes or disturbances, material shortages or rationing, riots, acts of war, government regulations, communication or utility failures, or casualties.
29. **Counterparts; Facsimile Signature.** This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same agreement. Each Party to this Agreement agrees that a signature affixed to a counterpart of this Agreement and delivered by facsimile by any person is intended to be its, his or her signature and shall be valid, binding, and enforceable against such person.



IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed through their authorized representatives:

ACCURATE IMAGING, INC.

County of Rock County DBA Rock Haven

By: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Exhibit A Services

1. Services available to Patients:

- X-Rays
- Ultrasound
- Echocardiogram
- Electrocardiogram (EKG)

2. Hours of operation and days of week in which Services are scheduled:

- Ultrasounds: Scheduled Monday-Friday from 8:00 AM to 5:00 PM
- Echocardiograms: Scheduled Monday –Friday 8:00 AM to 5:00 PM
- X-rays and EKG's: Monday-Friday from 12:00 AM to 12:00 PM
- X-rays and EKG's: Evenings and Weekends from 12:00 AM to 12:00 PM
- X-rays only provided 24/7 365 days a year

Services are scheduled after receipt of a referral or order by fax, via the Service Provider's online ordering system, or by calling the Service Provider's Scheduler



## Exhibit B

### Compensation – Skilled Nursing Facility

1. **Medicare Part A and Managed Care with Capitated Rate.**
  - a. Company shall compensate Service Provider for Services provided to Patients who are in a Medicare Part A stay (as required under the Consolidated Billing rules) and for any Patients who are insured under a managed care plan in which Company receives a capitated rate that includes all Services rendered under this Agreement in accordance with the following fee schedule: **See Exhibit C.**
  - b. Company will periodically, but no less than three (3) times per week, provide written communication to Service Provider identifying which Patients are in a Part A stay or insured under a capitated managed care plan via facsimile (920-233-6877) or using Service Provider's online ordering system.
  - c. Service Provider will timely submit invoices that identify the specific diagnostic testing performed on these Patients and Company will timely pay invoices as set forth in the Agreement. Company will notify Service Provider within 15 days of receiving an invoice if there is a question about the charges or the status (e.g., Part A) of a Patient.
2. **Medicare Part B and Other Third-Party Payors.** Service Provider is responsible for submitted claims for all Patients who are not in a Medicare Part A stay and are not insured under a managed care plan in which Company receives a capitated rate that includes all Services rendered in accordance with this Agreement.
3. **Cancellation Fees for Ultrasound and Echocardiogram.** Service Provider may charge Company a cancellation fee in the amount of \$100.00 in situations in which an ordered or referred ultrasound or echocardiogram test is cancelled after Service Provider contacts Company to confirm the order or referral.

The amounts to be paid by Company to Service Provider under this Agreement have been determined through good faith bargaining, in an arms length process, to be the fair market value for Services specified herein. Company and Service Provider will periodically, but no less than annually, review the fee schedule noted above making market adjustments when applicable.



### Exhibit C

CPTS	Description	TC Pricing	Profee (26) pricing	Global pricing
70030	Eye, Detection, Fb	14.68	6.66	21.34
70100	Mandible, Partial, less than 4 Views	18.25	7.22	25.46
70110	Mandible, Complete, Minimum, 4 Views	19.34	10.06	29.40
70130	Mastoids, Complete Bilat	28.68	13.59	42.27
70140	Facial Bones, less than 3 Views	14.68	8.33	23.01
70150	Facial Bones, Complete, Minimum, 3 Views	21.54	10.62	32.15
70160	Exam, Nasal Bones, Complete, Minimum, 3 Views	18.25	6.94	25.18
70190	Optic Foramina	18.52	8.90	27.42
70200	Orbits, Complete, Minimum, 4 Views	21.54	11.19	32.73
70210	Sinuses, Paranasal, less than 3 Views	16.05	6.94	22.98
70220	Sinuses, Paranasal, Complete, Minimum, 3 Views	19.07	10.06	29.12
70250	Skull, less than 4 Views	17.98	10.04	28.02
70260	Skull, Complete, Minimum 4 Views	21.54	13.86	35.41
70330	Temporomandibular Joint, Open And Closed Mouth, Bilat	27.30	10.04	37.34
70355	Orthopantogram	7.26	8.75	16.02
71010	Chest, Single View, Frontal	10.29	7.22	17.50
71020	Chest, 2 Views, Frontal And Lateral	13.03	8.64	21.67
71021	Chest, 2 Views, Frontal And Lateral, W/Apical Lordotic Proc	15.50	10.90	26.41
71022	Chest, 2 Views, Frontal And Lateral, W/Oblique Projections	19.07	13.15	32.22
71030	Chest, Complete, Minimum, 4 Views	19.90	12.46	32.35
71100	Ribs, Unilat, 2 Views	16.60	8.92	25.52
71101	Ribs, Unilat, W/Posteroanterior Chest, 3+ Views	17.42	10.76	28.18
71110	Ribs, Bilat, 3 Views	18.25	10.90	29.15
71111	Ribs, Bilat, W/Posteroanterior Chest, 4+ Views	24.29	13.02	37.30
72020	Spine, Single View, Specify Level	10.83	6.09	16.92
72040	Spine, cervical, 3 views or less	16.60	8.92	25.52
72050	Spine, cervical, 4 or 5 vews	22.64	12.46	35.10
72052	Spine, cervical, 6 or more views	28.95	14.44	43.39
72070	Spine, Thoracic, 2 Views	17.42	8.92	26.34
72072	Spine, Thoracic, 3 Views	17.98	8.64	26.62
72074	Spine, Thoracic, 4+ Views	21.54	8.64	30.18
72080	Thoracolumbar Junction, 2+ Views	14.95	8.64	23.60
72081	Spine, Entire Thoracic and Lumbar, including Skull, Cervical and Sacral Spine, 1 View	19.62	10.47	30.09



72082	Spine, Entire Thoracic and Lumbar, including Skull, Cervical and Sacral Spine, 2 or 3 Views	35.54	12.73	48.27
72083	Spine, Entire Thoracic and Lumbar, including Skull, Cervical and Sacral Spine, 4 or 5 Views	38.56	13.88	52.44
72084	Spine, Entire Thoracic and Lumbar, including Skull, Cervical and Sacral Spine, 6+ Views	46.24	16.15	62.39
72100	Spine, Lumbosacral, 2 Or 3 Views	18.25	8.92	27.17
72110	Spine, Lumbosacral, 4+ Views	25.38	12.46	37.84
72114	Spine, Lumbosacral, Complete, W/Bending Views	34.99	13.02	48.01
72120	Spine, Lumbosacral, Bending Views Only, 4+ Views	22.36	8.92	31.28
72170	Pelvis, 1 Or 2 Views	17.70	6.94	24.63
72190	Pelvis, Complete, 3+ Views	20.72	8.63	29.34
72220	Sacrum And Coccyx, 2+ Views	14.68	6.94	21.61
73000	Clavicle, Complete	14.68	6.65	21.33
73010	Scapula, Complete	16.05	7.21	23.26
73020	Shoulder, 1 View	11.38	6.36	17.74
73030	Shoulder, Complete, 2+ Views	14.95	7.50	22.45
73050	Acromioclavicular Joints, Bilat W/Wo Weights	19.07	8.34	27.42
73060	Humerus, 2+ Views	15.78	6.65	22.42
73070	Elbow, 2 Views	14.68	6.36	21.04
73080	Elbow, Complete, 3+ Views	17.15	6.94	24.08
73090	Forearm, 2 Views	13.30	6.65	19.95
73100	Wrist, 2 Views	15.78	6.65	22.42
73110	Wrist, Complete, 3+ Views	20.44	6.94	27.38
73120	Hand, 2 Views	13.58	6.65	20.22
73130	Hand, 3+ Views	16.87	6.94	23.81
73140	Finger(S), 2+ Views	18.79	5.51	24.30
73501	Hip, Unilateral w/ Pelvis when performed, 1 View	15.50	7.50	23.00
73502	Hip, Unilateral w/ Pelvis when performed, 2-3 Views	23.18	8.92	32.10
73503	Hip, Unilateral w/ Pelvis when performed, 4 Views	28.68	11.31	39.98
73521	Hips, Bilat, w/ Pelvis when performed, 2 Views	21.54	9.19	30.74
73522	Hips, Bilat, w/ Pelvis when performed, 3-4 Views	25.94	11.88	37.82
73523	Hips, Bilat, w/ Pelvis when performed, 5+ Views	31.14	12.73	43.88
73551	Radiologic examination, femur; 1 view	14.95	6.65	21.60
73552	Radiologic examination, femur; minimum 2 views	17.70	7.50	25.19
73560	Knee, 1/2 Views	17.15	6.65	23.79
73562	Knee, 3 Views	20.17	7.50	27.66
73564	Knee, Complete, 4+ Views	21.82	8.92	30.74
73565	Knee, Both Knees, Standing, Anteroposterior	20.72	6.92	27.64
73590	Tibia And Fibula, Two Views	15.50	6.65	22.15



73600	Ankle, 2 Views	16.33	6.65	22.97
73610	Ankle, Complete, 3+ Views	17.42	6.94	24.36
73620	Foot, 2 Views	13.86	6.10	19.95
73630	Foot, Complete, 3+ Views	15.78	6.66	22.43
73650	Calcaneus, 2+ Views	14.41	6.37	20.78
73660	Toe(S), 2+ Views	16.33	5.24	21.56
74000	Abdomen, Single Anteroposterior View	11.11	7.22	18.33
74010	Abdomen, Anteroposterior And Add'l Oblique And Cone Views	17.98	9.21	27.18
74020	Abdomen, Complete, W/Decubitus And/Or Erect Views	18.25	10.76	29.01
74022	Abdomen, Compl Acute Series W/Supine/Erect/Decubitus Views, Singl View Chest	21.82	12.74	34.56
76536	US, Head/Neck Tissues, B-Scan/Real Time W/Image Documentation	171.88	55.58	227.46
76604	US,Chest, B-Scan(Includes Mediastinum)And/Or Real Time W/Image Documentation	119.04	53.50	172.54
76641	US,Breast unilateral, real time with image documentation, complete	137.56	72.24	209.80
76642	US,Breast unilateral, real time with image documentation, limited	105.32	67.28	172.60
76700	US,Abdominal, B-Scan And/Or Real Time W/Image Documentation, Complete	159.52	80.04	239.56
76705	US,Abdominal, B-Scan And/Or Real Time W/Image Documentation, Limited	120.42	58.42	178.84
76770	US,Retroperitoneum, B-Scan/Real Time, Complete	148.54	72.96	221.50
76775	US,Retroperitoneum, B-Scan/Real Time, Limited	57.28	57.02	114.30
76801	US,Uter,Real Time W/Image Document,Fetal And Maternal,1st Trimest,Transabdom,Singl/1st Gest	143.06	99.10	242.16
76802	US,Uter,Real Time W/Image Document,Fetal And Maternal,1st Trimest,Transabdom, Ea Add'l Gest	43.24	83.50	126.74
76805	US,Uter,Rltime W/Image Document, Fetal And Maternal,1st Trimst,Transabdm,Singl/1st Add'l Gest	179.42	99.44	278.86
76810	US,Uter,Real Time W/Image Document Ea Add'l Gest	84.40	98.72	183.12
76811	US,Uter,Real Time W/Image Doc, Fetl And Matrnl,+ Detl Fetl Exm,Transabd,Singl/1st Add'l Gest	166.02	193.08	359.12
76812	US,Uter,Real Time W/Image Doc, Fetal And Maternal,+ Detail Fetal Exam,Transabd, Ea Add'l Gest	220.60	181.74	402.32
76815	US,Uter,Real Time W/Image Document, Limited, 1/ Fetuses	101.20	65.12	166.32
76816	US,Uter,Real Time W/Image Document, Follow-Up, Transabd Approach, Per Fetus	140.32	86.64	226.94
76817	US,Uter,Real Time W/Image Document, Transvaginal	115.60	75.38	190.98
76819	US,OB-Biophysical Profile	99.14	77.82	176.96
76830	US,Transvaginal	170.50	68.68	239.18
76856	US,Pelvic (Nonobstetric), B-Scan And/Or Real Time W/Image Documentation, Complete	147.18	68.68	215.86
76857	US,Pelvis, B-Scan/Real Time, Limited/Follow-Up	44.94	49.22	94.16
76870	US,Scrotum And Contents	69.64	63.72	133.36
76872	US,Transrectal	119.72	66.66	186.38
76881	US,Ultrasound, extremity, nonvascular, real-time with image documentation, complete	168.44	62.68	231.12



76882	US,Ultrasound, extremity, nonvascular, real-time with image documentation, limited, anatomic specific	21.60	48.50	70.10
76977	US,Bone Density Measurement And Interpretation, Peripheral Site(S), Any Method	8.56	5.28	13.86
77073	Bone Length Studies	16.33	11.31	27.63
77077	Joint Survey, single view, 2 or more joints	16.05	12.73	28.78
93005	Ekg,Routine W/At Least 12 Leads, Tracing Only W/O Interpretation And Report	90.00	0.00	90.00
93303	Transthoracic Echocardiography,Congenital Cardiac Anomalies, Complete	334.14	126.52	460.66
93304	Transthoracic Echocardiography,Congenital Cardiac Anomalies, Follow-Up/Limited Study	229.52	72.66	302.18
93306	Transthoracic Echocardiography,real-time (2D)image,m-mode recording,complete,color flow	317.68	126.52	444.20
93307	Echocardiography,Transthoracic, 2d, W/Wo:M-Mode, Complete	163.64	89.66	253.30
93308	Echocardiography,Transthoracic, real-time with image documentation (2D),m-mode recording performed, followup/limited study	191.78	51.04	242.82
93320	Doppler Echocardiography, Complete	69.30	36.52	105.82
93325	Doppler Color Flow Mapping	43.24	6.40	49.62
93724	Electronic Analysis,Pacemaker, Antitachycardia	53.86	482.44	536.28
93880	Duplex Scan, Extracranial Arteries, Complete Bilat Study	314.24	78.24	392.50
93882	Duplex Scan, Extracranial Arteries, Unilat/Limited Study	200.70	48.48	249.18
93886	Transcranial Doppler Study Of The Intracranial Arteries, Complete Study	443.24	92.68	535.92
93922	Non-Invasive Study,Extremity Artery, Bilat Single Level	147.18	24.42	171.60
93923	Non-Invasive Study,Extremity Artery, Complete Bilat, Multiple Levels/Special	222.98	43.54	266.52
93925	Duplex Scan,Lower Extremity Arteries/Arterial Bypass Grafts,Complete Bilat Study	425.40	77.24	502.64
93926	Duplex Scan,Lower Extremity Arteries/Arterial Bypass Grafts,Unilat/Limited Study	247.00	47.14	294.14
93930	Duplex Scan,Upper Extremity Arteries/Arterial Bypass Grafts,Complete Bilat Study	325.22	77.88	403.12
93931	Duplex Scan,Upper Extremity Arteries/Arterial Bypass Grafts,Unilat/Limited Study	201.38	47.82	249.20
93970	Duplex Scan,Veins, Extremity, Complete Bilat Study	314.24	68.00	382.24
93971	Duplex Scan,Veins, Extremity, Unilat/Limited Study	189.72	43.58	233.30
93975	Duplex Scan,Arterial Inflow, Venous Outflow, Abdominal/Pelvic/Retroperitoneal Organs,Complete	433.64	113.30	546.94
93976	Duplex Scan,Arterial Inflow, Venous Outflow, Abdominal/Pelvic/Retroperitoneal Organs,Limited	239.12	78.96	318.08
93978	Duplex Scan,Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts,Complete Study	292.28	76.84	369.14
93979	Duplex Scan,Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts,Unilat/Limited	183.54	48.14	231.70
93990	Duplex Scan,Hemodialysis Access	260.72	46.74	307.46
R0070	Transportation Fee	Price	134.46	
Q0092	Set-Up Fee	Price	24.18	