

## ATTACHMENT 1: COST SHEET - Example

See below for how DOCCS will calculate Grand Total for Lot

Lot #	Facility A	Facility B
Imaging Service 1		Clinic Fee (Bidder's # from cost sheet) x Corresponding Average # of Clinics Per Year (from Attachment 2)
Imaging Service 2	Clinic Fee (Bidder's # from cost sheet) x Corresponding Average # of Clinics Per Year (from Attachment 2)	
Imaging Service 3	Clinic Fee (Bidder's # from cost sheet) x Corresponding Average # of Clinics Per Year (from Attachment 2)	Clinic Fee (Bidder's # from cost sheet) x Corresponding Average # of Clinics Per Year (from Attachment 2)

**A** = Sum of Facility A's yearly Clinic Fees for all Imaging Services not shaded out in Facility A's column

+

**B** = Sum of Facility B's yearly Clinic Fees for all Imaging Services not shaded out in Facility B's column

=

**LOT GRAND TOTAL = A + B**

# ATTACHMENT 1: COST SHEET

## LOT 1

Bidder must provide a single Clinic Fee for **each** type of service not shaded out below for **each** Correctional Facility (CF) within the given Lot.

See Attachment 2 for Clinic Information

Company Name: \_\_\_\_\_

<b>Lot 1</b>	<b>Clinton CF</b>	<b>Coxsackie CF</b>	<b>Upstate CF</b>
CT scan w/o Contrast		\$	
CT scan w/Contrast		\$	
MRI w/o Contrast		\$	\$
MRI w/Contrast		\$	
Echocardiogram			\$
Ultrasound	\$	\$	\$

Clinic Fee shall be inclusive of all costs of providing mobile imaging services, including but not limited to interpretation, labor, materials, shipping, parts, supplies, travel, training, licenses, insurance, administrative, profit, ancillary costs, transportation, handling, issuance of finding reports, CD copies of images/x-rays, and miscellaneous charges such as any applicable taxes or fees, mailing costs, and services not explicitly stated in these specifications, but necessarily attendant thereto.

**Notes:** For any CT and MRI procedures that require contrast, the Vendor must supply their own Physician's Assistant (PA). Prices must be rounded to the nearest cent.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

**ATTACHMENT 1: COST SHEET**

**LOT 2**

Bidder must provide a single Clinic Fee for each type of service not shaded out below for each Correctional Facility (CF) within the given Lot.

See Attachment 2 for Clinic Information.

Company Name: \_\_\_\_\_

<b>Lot 2</b>	<b>Mohawk (Walsh) CF</b>
CT scan w/o Contrast	\$
CT scan w/Contrast	\$
Echocardiogram	\$
Ultrasound	\$

Clinic Fee shall be inclusive of all costs of providing mobile imaging services, including but not limited to interpretation, labor, materials, shipping, parts, supplies, travel, training, licenses, insurance, administrative, profit, ancillary costs, transportation, handling, issuance of finding reports, CD copies of images/x-rays, and miscellaneous charges such as any applicable taxes or fees, mailing costs, and services not explicitly stated in these specifications, but necessarily attendant thereto.

**Notes:** For any CT and MRI procedures that require contrast, the Vendor must supply their own Physician’s Assistant (PA). Prices must be rounded to the nearest cent.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

## ATTACHMENT 1: COST SHEET

### LOT 3

Bidder must provide a single Clinic Fee for **each** type of service not shaded out below for **each** Correctional Facility (CF) within the given Lot.

See Attachment 2 for Clinic Information.

Company Name: \_\_\_\_\_

Lot 3	Bedford Hills CF	Taconic CF	Fishkill CF	Green Haven CF	Otisville CF	Shawangunk CF	Sullivan CF
X-ray					\$		
CT scan w/o Contrast			\$				
CT scan w/Contrast			\$				
MRI w/o Contrast			\$				\$
Echocardiogram	\$		\$	\$		\$	
Ultrasound	\$	\$	\$	\$		\$	
Mammography	\$						

Clinic Fee shall be inclusive of all costs of providing mobile imaging services, including but not limited to interpretation, labor, materials, shipping, parts, supplies, travel, training, licenses, insurance, administrative, profit, ancillary costs, transportation, handling, issuance of finding reports, CD copies of images/x-rays, and miscellaneous charges such as any applicable taxes or fees, mailing costs, and services not explicitly stated in these specifications, but necessarily attendant thereto.

**Notes:** For any CT and MRI procedures that require contrast, the Vendor must supply their own Physician's Assistant (PA). Prices must be rounded to the nearest cent.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

# ATTACHMENT 1: COST SHEET

## LOT 4

Bidder must provide a single Clinic Fee for each type of service not shaded out below for each Correctional Facility (CF) within the given Lot.

See Attachment 2 for Clinic Information.

Company Name: \_\_\_\_\_

Lot 4	Albion CF	Wende CF
CT scan w/o Contrast		\$
CT scan w/Contrast		\$
MRI w/o Contrast		\$
MRI w/Contrast		\$
Echocardiogram	\$	\$
Ultrasound	\$	\$
Mammography	\$	
Vascular Lab		\$

Clinic Fee shall be inclusive of all costs of providing mobile imaging services, including but not limited to interpretation, labor, materials, shipping, parts, supplies, travel, training, licenses, insurance, administrative, profit, ancillary costs, transportation, handling, issuance of finding reports, CD copies of images/x-rays, and miscellaneous charges such as any applicable taxes or fees, mailing costs, and services not explicitly stated in these specifications, but necessarily attendant thereto.

**Notes:** For any CT and MRI procedures that require contrast, the Vendor must supply their own Physician's Assistant (PA). Prices must be rounded to the nearest cent.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**