

**IFB # 6100064560 Diagnostic Imaging Services Provided by Contractor Form**

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Description	Estimated Quantity (Service Location)	Unit of Measure	Facility Service Location Total	Total
Loysville Complex	1	N/A		
Northeast Secure Treatment Unit (NSTU)	1	N/A		
South Mountain Secure Treatment Unit (SMSTU)	1	N/A		
Southeast Youth Development Center	1	N/A		
Youth Forestry Camp #3	1	N/A		
			Total Cost	

**Please complete all fields under Contact Information and all data fields in the Cost Submittal workbook with a number or a zero.**

	A	B	C	D	E
<b>Loysville Complex - Price List</b>					
<b>Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>	<b>Total</b>	
Abdomen 1 - View	30	Each			
Abdomen 2 - View	30	Each			
Abdomen 3 - View	30	Each			
Ankle (AP & Oblique, Lateral)	30	Each			
Bone Density Study	15	Each			
Set-up fee for Bone Density Study	15	Each			
Calcaneus	30	Each			
Cervical Spine (AP & Lateral)	30	Each			
Chest (AP)	30	Each			
Chest (AP & Lateral)	30	Each			
Clavicle (AP, AP Angle 15 degrees)	30	Each			
Dorsal Spine	30	Each			
Echocardiogram	30	Each			
Electrocardiogram (EKG) with Interpret	30	Each			
EKG Set-up Fee	30	Each			
Elbow (AP & Oblique, Lateral)	30	Each			
Elbow Complete	30	Each			

	A	B	C	D	E
	Facial Bones (water, lateral arches)	30	Each		
	Femur (AP & Lateral)	30	Each		
	Finger	30	Each		
	Foot Complete 3V	30	Each		
	Foot (AP & Lateral)	30	Each		
	Forearm (AP & Lateral)	30	Each		
	Hand (AP & Oblique, Lateral)	30	Each		
	Hand 3 Views	30	Each		
	Hip Unilateral	30	Each		
	Hip Bilateral Pelvis	30	Each		
	Holter/Print out/RPT interpretation	30	Each		
	Humerus (AP & Lateral)	30	Each		
	Knee (AP & Lateral)	30	Each		
	Knee 3 Views	30	Each		
	Lower Leg (AP & Lateral)	30	Each		
	Lumbar Spine (AP & Lateral)	30	Each		
	Mammogram (bilateral)	30	Each		
	Mammogram (unilateral)	30	Each		
	Mammogram Set-up fee/Site Visit	30	Each		

	A	B	C	D	E
	Mandible	30	Each		
	Nasal Bones (waters, both laterals)	30	Each		
	Orbit	30	Each		
	Pelvis	30	Each		
	Ribs (bilateral)	30	Each		
	Ribs (unilateral)	30	Each		
	Sacrum/Coccyx MIN V2	30	Each		
	Scapula Complete	30	Each		
	Shoulder (Internal & External)	30	Each		
	Sinuses (waters PA lateral)	30	Each		
	Skull (AP, townes, both laterals)	30	Each		
	Tibia/Fibula	30	Each		
	Toe	30	Each		
	Thoracic Spine (AP & Lateral)	30	Each		
	Ultrasound - Breast	30	Each		
	Ultrasound - Abdomen Complete	30	Each		
	Ultrasound - Renal Retroperitone	30	Each		
	Ultrasound - Pelvis Complete	30	Each		
	Ultrasound - Pelvis Limited	30	Each		

	A	B	C	D	E
	Ultrasound - Extremity	30	Each		
	Ultrasound - Thyoid	30	Each		
	Ultrasound - Gall Bladder US	30	Each		
	Ultrasound - Scrotum	30	Each		
	Vascular Studies	30	Each		
	Wrist (AP, Oblique & Lateral)	30	Each		
	Wrist Complete	30	Each		
	X-ray Set-up Fees	50	Each		
	Arteries Doppler-Cartoid	30	Each		
	Arterial Bilateral	30	Each		
	Arterial Duplex Scan	30	Each		
	Ven Doppler Extremity/Limited	30	Each		
	Pulmonary Function Test	30	Each		
	<b>Total QTY</b>	2030	Each	<b>Total</b>	

## South Mountain Secure Treatment Unit - Price List

<b>Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>	<b>Total</b>
Abdomen 1 - View	30	Each		
Abdomen 2 - View	30	Each		
Abdomen 3 - View	30	Each		
Ankle (AP & Oblique, Lateral)	30	Each		
Bone Density Study	15	Each		
Set-up fee for Bone Density Study	15	Each		
Calcaneus	30	Each		
Cervical Spine (AP & Lateral)	30	Each		
Chest (AP)	30	Each		
Chest (AP & Lateral)	30	Each		
Clavicle (AP, AP Angle 15 degrees)	30	Each		
Dorsal Spine	30	Each		
Echocardiogram	30	Each		
Electrocardiogram (EKG) with Interpret	30	Each		
EKG Set-up Fee	30	Each		
Elbow (AP & Oblique, Lateral)	30	Each		
Elbow Complete	30	Each		
Facial Bones (water, lateral arches)	30	Each		

Femur (AP & Lateral)	30	Each		
Finger	30	Each		
Foot Complete 3V	30	Each		
Foot (AP & Lateral)	30	Each		
Forearm (AP & Lateral)	30	Each		
Hand (AP & Oblique, Lateral)	30	Each		
Hand 3 Views	30	Each		
Hip Unilateral	30	Each		
Hip Bilateral Pelvis	30	Each		
Holter/Print out/RPT interpretation	30	Each		
Humerus (AP & Lateral)	30	Each		
Knee (AP & Lateral)	30	Each		
Knee 3 Views	30	Each		
Lower Leg (AP & Lateral)	30	Each		
Lumbar Spine (AP & Lateral)	30	Each		
Mammogram (bilateral)	30	Each		
Mammogram (unilateral)	30	Each		
Mammogram Set-up fee/Site Visit	30	Each		
Mandible	30	Each		
Nasal Bones (waters, both laterals)	30	Each		

Orbit	30	Each		
Pelvis	30	Each		
Ribs (bilateral)	30	Each		
Ribs (unilateral)	30	Each		
Sacrum/Coccyx MIN V2	30	Each		
Scapula Complete	30	Each		
Shoulder (Internal & External)	30	Each		
Sinuses (waters PA lateral)	30	Each		
Skull (AP, townes, both laterals)	30	Each		
Tibia/Fibula	30	Each		
Toe	30	Each		
Thoracic Spine (AP & Lateral)	30	Each		
Ultrasound - Breast	30	Each		
Ultrasound - Abdomen Complete	30	Each		
Ultrasound - Renal Retroperitone	30	Each		
Ultrasound - Pelvis Complete	30	Each		
Ultrasound - Pelvis Limited	30	Each		
Ultrasound - Extremity	30	Each		
Ultrasound - Thyoid	30	Each		
Ultrasound - Gall Bladder US	30	Each		

Ultrasound - Scrotum	30	Each		
Vascular Studies	30	Each		
Wrist (AP, Oblique & Lateral)	30	Each		
Wrist Complete	30	Each		
X-ray Set-up Fees	30	Each		
Arteries Dopler-Cartoid	30	Each		
Artierial Bilateral	30	Each		
Arterial Duplex Scan	30	Each		
Ven Doppler Extremity/Limited	30	Each		
Pulmonary Function Test	30	Each		
<b>Total QTY</b>	2010	Each	<b>Total</b>	

## Northeast Secure Treatment Unit - Price List

<b>Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>	<b>Total</b>
Abdomen 1 - View	100	Each		
Abdomen 2 - View	100	Each		
Abdomen 3 - View	100	Each		
Ankle (AP & Oblique, Lateral)	100	Each		
Bone Density Study	25	Each		
Set-up fee for Bone Density Study	25	Each		
Calcaneus	100	Each		
Cervical Spine (AP & Lateral)	100	Each		
Chest (AP)	100	Each		
Chest (AP & Lateral)	100	Each		
Clavicle (AP, AP Angle 15 degrees)	100	Each		
Dorsal Spine	100	Each		
Echocardiogram	100	Each		
Electrocardiogram (EKG) with Interpret	100	Each		
EKG Set-up Fee	100	Each		
Elbow (AP & Oblique, Lateral)	100	Each		
Elbow Complete	100	Each		
Facial Bones (water, lateral arches)	100	Each		

Femur (AP & Lateral)	100	Each		
Finger	100	Each		
Foot Complete 3V	100	Each		
Foot (AP & Lateral)	100	Each		
Forearm (AP & Lateral)	100	Each		
Hand (AP & Oblique, Lateral)	100	Each		
Hand 3 Views	100	Each		
Hip Unilateral	100	Each		
Hip Bilateral Pelvis	100	Each		
Holter/Print out/RPT interpretation	100	Each		
Humerus (AP & Lateral)	100	Each		
Knee (AP & Lateral)	100	Each		
Knee 3 Views	100	Each		
Lower Leg (AP & Lateral)	100	Each		
Lumbar Spine (AP & Lateral)	100	Each		
Mammogram (bilateral)	100	Each		
Mammogram (unilateral)	100	Each		
Mammogram Set-up fee/Site Visit	100	Each		
Mandible	100	Each		
Nasal Bones (waters, both laterals)	100	Each		

Orbit	100	Each		
Pelvis	100	Each		
Ribs (bilateral)	100	Each		
Ribs (unilateral)	100	Each		
Sacrum/Coccyx MIN V2	100	Each		
Scapula Complete	100	Each		
Shoulder (Internal & External)	100	Each		
Sinuses (waters PA lateral)	100	Each		
Skull (AP, townes, both laterals)	100	Each		
Tibia/Fibula	100	Each		
Toe	100	Each		
Thoracic Spine (AP & Lateral)	100	Each		
Ultrasound - Breast	100	Each		
Ultrasound - Abdomen Complete	100	Each		
Ultrasound - Renal Retroperitone	100	Each		
Ultrasound - Pelvis Complete	100	Each		
Ultrasound - Pelvis Limited	100	Each		
Ultrasound - Extremity	100	Each		
Ultrasound - Thyoid	100	Each		
Ultrasound - Gall Bladder US	100	Each		

Ultrasound - Scrotum	100	Each		
Vascular Studies	100	Each		
Wrist (AP, Oblique & Lateral)	100	Each		
Wrist Complete	100	Each		
X-ray Set-up Fees	100	Each		
Arteries Dopler-Cartoid	100	Each		
Artierial Bilateral	100	Each		
Arterial Duplex Scan	100	Each		
Ven Doppler Extremity/Limited	100	Each		
Pulmonary Function Test	100	Each		
<b>Total QTY</b>	6650	Each	<b>Total</b>	

## Youth Forestry Camp #3 - Price List

<b>Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>	<b>Total</b>
Abdomen 1 - View	30	Each		
Abdomen 2 - View	30	Each		
Abdomen 3 - View	30	Each		
Ankle (AP & Oblique, Lateral)	30	Each		
Bone Density Study	15	Each		
Set-up fee for Bone Density Study	15	Each		
Calcaneus	30	Each		
Cervical Spine (AP & Lateral)	30	Each		
Chest (AP)	30	Each		
Chest (AP & Lateral)	30	Each		
Clavicle (AP, AP Angle 15 degrees)	30	Each		
Dorsal Spine	30	Each		
Echocardiogram	30	Each		
Electrocardiogram (EKG) with Interpret	30	Each		
EKG Set-up Fee	30	Each		
Elbow (AP & Oblique, Lateral)	30	Each		
Elbow Complete	30	Each		
Facial Bones (water, lateral arches)	30	Each		

Femur (AP & Lateral)	30	Each		
Finger	30	Each		
Foot Complete 3V	30	Each		
Foot (AP & Lateral)	30	Each		
Forearm (AP & Lateral)	30	Each		
Hand (AP & Oblique, Lateral)	30	Each		
Hand 3 Views	30	Each		
Hip Unilateral	30	Each		
Hip Bilateral Pelvis	30	Each		
Holter/Print out/RPT interpretation	30	Each		
Humerus (AP & Lateral)	30	Each		
Knee (AP & Lateral)	30	Each		
Knee 3 Views	30	Each		
Lower Leg (AP & Lateral)	30	Each		
Lumbar Spine (AP & Lateral)	30	Each		
Mammogram (bilateral)	30	Each		
Mammogram (unilateral)	30	Each		
Mammogram Set-up fee/Site Visit	30	Each		
Mandible	30	Each		
Nasal Bones (waters, both laterals)	30	Each		

Orbit	30	Each		
Pelvis	30	Each		
Ribs (bilateral)	30	Each		
Ribs (unilateral)	30	Each		
Sacrum/Coccyx MIN V2	30	Each		
Scapula Complete	30	Each		
Shoulder (Internal & External)	30	Each		
Sinuses (waters PA lateral)	30	Each		
Skull (AP, townes, both laterals)	30	Each		
Tibia/Fibula	30	Each		
Toe	30	Each		
Thoracic Spine (AP & Lateral)	30	Each		
Ultrasound - Breast	30	Each		
Ultrasound - Abdomen Complete	30	Each		
Ultrasound - Renal Retroperitone	30	Each		
Ultrasound - Pelvis Complete	30	Each		
Ultrasound - Pelvis Limited	30	Each		
Ultrasound - Extremity	30	Each		
Ultrasound - Thyoid	30	Each		
Ultrasound - Gall Bladder US	30	Each		

Ultrasound - Scrotum	30	Each		
Vascular Studies	30	Each		
Wrist (AP, Oblique & Lateral)	30	Each		
Wrist Complete	30	Each		
X-ray Set-up Fees	30	Each		
Arteries Dopler-Cartoid	30	Each		
Artierial Bilateral	30	Each		
Arterial Duplex Scan	30	Each		
Ven Doppler Extremity/Limited	30	Each		
Pulmonary Function Test	30	Each		
<b>Total QTY</b>	2010	Each	<b>Total</b>	

## Southeast YDC- Price List

<b>Description</b>	<b>Quantity</b>	<b>UOM</b>	<b>Unit Price</b>	<b>Total</b>
Abdomen 1 - View	30	Each		
Abdomen 2 - View	30	Each		
Abdomen 3 - View	30	Each		
Ankle (AP & Oblique, Lateral)	30	Each		
Bone Density Study	15	Each		
Set-up fee for Bone Density Study	15	Each		
Calcaneus	30	Each		
Cervical Spine (AP & Lateral)	30	Each		
Chest (AP)	30	Each		
Chest (AP & Lateral)	30	Each		
Clavicle (AP, AP Angle 15 degrees)	30	Each		
Dorsal Spine	30	Each		
Echocardiogram	30	Each		
Electrocardiogram (EKG) with Interpretation	30	Each		
EKG Set-up Fee	30	Each		
Elbow (AP & Oblique, Lateral)	30	Each		
Elbow Complete	30	Each		
Facial Bones (water, lateral arches)	30	Each		
Femur (AP & Lateral)	30	Each		
Finger	30	Each		
Foot Complete 3V	30	Each		
Foot (AP & Lateral)	30	Each		
Forearm (AP & Lateral)	30	Each		
Hand (AP & Oblique, Lateral)	30	Each		
Hand 3 Views	30	Each		

Hip Unilateral	30	Each		
Hip Bilateral Pelvis	30	Each		
Holter/Print out/RPT interpretation	30	Each		
Humerus (AP & Lateral)	30	Each		
Knee (AP & Lateral)	30	Each		
Knee 3 Views	30	Each		
Lower Leg (AP & Lateral)	30	Each		
Lumbar Spine (AP & Lateral)	30	Each		
Mammogram (bilateral)	30	Each		
Mammogram (unilateral)	30	Each		
Mammogram Set-up fee/Site Visit	30	Each		
Mandible	30	Each		
Nasal Bones (waters, both laterals)	30	Each		
Orbit	30	Each		
Pelvis	30	Each		
Ribs (bilateral)	30	Each		
Ribs (unilateral)	30	Each		
Sacrum/Coccyx MIN V2	30	Each		
Scapula Complete	30	Each		
Shoulder (Internal & External)	30	Each		
Sinuses (waters PA lateral)	30	Each		
Skull (AP, townes, both laterals)	30	Each		
Tibia/Fibula	30	Each		
Toe	30	Each		
Thoracic Spine (AP & Lateral)	30	Each		
Ultrasound - Breast	30	Each		
Ultrasound - Abdomen Complete	30	Each		

Ultrasound - Renal Retroperitone	30	Each		
Ultrasound - Pelvis Complete	30	Each		
Ultrasound - Pelvis Limited	30	Each		
Ultrasound - Extremity	30	Each		
Ultrasound - Thyroid	30	Each		
Ultrasound - Gall Bladder US	30	Each		
Ultrasound - Scrotum	30	Each		
Vascular Studies	30	Each		
Wrist (AP, Oblique & Lateral)	30	Each		
Wrist Complete	30	Each		
X-ray Set-up Fees	30	Each		
Arteries Doppler-Carotid	30	Each		
Arterial Bilateral	30	Each		
Arterial Duplex Scan	30	Each		
Ven Doppler Extremity/Limited	30	Each		
Pulmonary Function Test	30	Each		
<b>Total QTY</b>	2010	Each	<b>Total</b>	