

ATTACHMENT C

PERAC Medical Service Fee Schedule

All medical tests, medical consults, etc., must be billed at the rates listed below. The provider must sign and return this attachment, agreeing that any services scheduled for the disabled retiree will be billed at the rate listed below, unless otherwise negotiated. Only non-invasive medical tests can be approved by the PERAC case manager.

<u>SERVICE</u>	<u>PERAC APPROVED RATE</u>
Single Physician Examination	\$650
Medical Review Organization (fee per case)	\$ 50
Addendum report provided by the CME MD	\$100
Completing a review of a medical sub-specialty evaluation scheduled for retiree	
Audiogram	\$ 55
Chest X-ray, PA & Lateral	\$ 60
Spine Cerv - 2 views	\$ 60
Lumbar - 2 views	\$ 60
Thoracic - 2 views	\$ 60
Knee - 2 views	\$ 50
Ankle - 2 views	\$ 46
Electrocardiogram	\$ 54
Echocardiogram	\$255
Non-Invasive Exercise Cardiac Stress Test	\$200-\$325
Pulmonary Function Test (PFT)	\$ 54
Functional Capacity Evaluation (FCE)	\$300
Psychological Testing	\$104/hr.
(Max. 6 hrs. - includes interpretation and report)	
Medical Consults	
*** As negotiated with the PERAC Case Mgr. & letter documenting agreed fee.	
Physical therapy initial evaluation	\$100

Physical therapy \$80/hr.

Vocational Rehabilitation (rates consistent with those established by the Department of Industrial Accident-Office of Vocational and Educational Rehabilitation (OEVR)

Occupational therapy \$80/hr.

Above fees are all-inclusive (including reports).

NO SHOW FEE \$150
(failed to attend physician appointment with less than 2 business days' notice)

NO SHOW FEE \$ 75
(failed to attend FCE or cardiac stress test appointment (with less than 2 business days' notice)

Signed under the pains and penalties of perjury on the _____ day of _____,
_____.

Bidder Name

Signature of Authorized Representative signed on behalf of Bidder Date

Print Name and Title of Authorized Representative