

<b>County of Dutchess</b> <b>Bid # RFB-DCP-20-20</b> <b>Drug &amp; Alcohol Testing &amp; Medical Examinations for</b> <b>Dutchess County Public Transit</b> <b>Term: October 1, 2020 thru September 30, 2023</b>			
AWARDED VENDOR:		<b>Westchester County Health Care Corporation /</b> <b>The Work Place</b> <b>241 North Road</b> <b>Poughkeepsie, NY 12601</b> <b>Contact: Ann Vokes</b> <b>845-431-8740</b> <b>ann.vokes@wmchealth.org</b>	
Provider (Name & Address):		<b>A) The Work Place - Poughkeepsie</b> <b>1 Webster Avenue, Suite 400</b> <b>Poughkeepsie, NY 12601 (@ MHRH)</b> <b>B) The Work Place - Fishkill</b> <b>831 Route 52, Suite 2D</b> <b>Fishkill, NY 12524 (Available as needed/scheduled)</b>	
Type of Facility		Medical Facility	
Regular Business Hours (Specify days & hours):		M-F 8AM - 5PM	
After Hours (Specify days & hours):		M-F 5PM - 8AM all weekends and holidays	
Line Item No.	Service	Specifications	Fee/Per Service
1	Rate to conduct Urine Drug Test	Fee to include all associated costs - specimen collection, lab analysis, medical review, reporting, etc.	\$54.00
2	Rate to conduct Breath Alcohol Test (Evidential)	Fee to include all associated costs - specimen collection, lab analysis, medical review, reporting, etc.	\$25.00
3	Rate to conduct DOT physical	Fee to include all associated costs - clinician evaluation, reporting, physical exam, etc.	\$90.00
4	Rate to conduct follow-up visits for DOT physical	Fee to include all associated costs for medical rechecks (i.e., retest for blood pressure, eyesight, hearing, etc.)	\$40.00
5	After Hours Service Fee	Fee for services performed outside of regular business hours.	\$180.00
6	No Show Fee	Fee for no show/ missed appointment during regular business hours.	\$50.00
7	No Show Fee, After Hours	Fee for no show/ missed appointment outside of regular business hours.	\$180.00
8	Rate to provide extraordinary services of a nationally certified Medical Review Officer	Rate to include MRO review of each non-negative test result, contacting the donor to attempt to determine if there is an acceptable reason for positive result, contacting the pharmacy to verify legitimacy of the prescription, contacting the donor's treating physician, etc.	\$75.00
<b>See RFB-DCP-20-20 specifications for additional terms and conditions.</b>			