

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 1

TO: LIMITED DISTRIBUTION – DEPARTMENT OF REHABILITATION AND CORRECTIONS, 770 W. BROAD ST., COLUMBUS, OH 43222

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: TERM CONTRACT - EMERGENCY MEDICAL AMBULANCE SERVICES

Attached are pages 6, 8 through 15, 18 and 21 to this contract. Remove these pages from the existing contract and replace with the attached page on the effective and/or revision date.

This amendment is issued to indicate changes in price; to remove paragraph #5 on page 6 of the Contract; to indicate change of Vendor ID and Contract No. for Pickaway Plains Health Pro Ambulance and to add the Summary of Amendments (page 21). In addition, it denotes the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for agency fiscal use.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Sandy Herrel, CPPB
sandy.herrel@das.state.oh.us

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

193029
1st Advanced EMS
555 Officenter Dr., Ste. 103
Gahanna, OH 43230
npettay@1stadvems.com

66770
LifeCare Ambulance, Inc.
640 Cleveland St.
Elyria, OH 44035
pete@lifecareambulance.com

193127
Pickaway Plains Health Pro Ambulance
1950 Stoneridge Dr.
Circleville, OH 43113
davew@ppa-ems.com

61116
Cooperative Health Partners, LLC
17 S. High St., Ste. 1000
Columbus, OH 43215
croten@shcare.net

60586
Mansfield Ambulance, Inc.
369 Marion Ave.
Mansfield, OH 44903
tdurbin@mansfieldambulance.com

193009
Portsmouth Emergency
Ambulance Service Inc.
2796 Gallia St.
Portsmouth, OH 45662
tadkins.peasi@gmail.com

68959
Kare Medical Transport
1002 Columbus St.
Marysville, OH 43040
karemedical@hotmail.com

70420
MedCorp, Inc.
745 MedCorp Dr.
Toledo, OH 43608
fisch@medcorpinc.com

67112
Stofcheck Ambulance Service Inc.
220 S. High St.
LaRue, OH 43332
stofcheck@yahoo.com

SPECIFICATIONS (Cont'd)

2. Each emergency response vehicle is to be fully equipped and staffed with the necessary materials and attendants to initiate on-site immediate first aid/or patient emergency care. Response vehicle shall meet or exceed equipment requirements as contained in ORC Chapter 4766-2-10 for entity required to license. Contractors not required to license with Ohio Medical Transportation Board (OMTB) shall meet equipment loads, patient care equipment consistent with National Standards for Pre-Hospital Emergency Medical Services. The Contractor will provide professional staff certified and/or licensed by the state of Ohio to respond to requests for emergency/medical services. The Contractor's staff must be legally qualified to provide medical evaluation, medical treatment, and medical monitoring during the transportation to designated community hospitals, or other destination as instructed by institution, for all types of emergencies. The Contractor must comply with any and all other State and Federal staffing requirements in effect during the term of the contract.
3. All Ambulette Contractors operating in Ohio are required to be licensed by the OMTB. Ambulette Contractors shall comply with and provide requesting Agency with copies of the OMTB license issued in accordance with Chapter 4766 of the ORC/OAC, within five (5) days of the agency request.

Ambulette transports will be scheduled by the parent institution with a minimum of one day advance notice. Pick-up and general destination will be given but exact destination will not be given, when transport is scheduled, due to security reasons. The transport vehicle will report to the entrance area for check-in. After inspection, the driver will be directed to the area pick-up of inmate and the correction officer. There will be no more than two (2) inmates transported by wheelchair at any given time. There will be two (2) officers assigned to each inmate. One officer per inmate will accompany in the ambulette and other officers in a chase vehicle. Inmates will be in wheelchairs and cuffed at wrists and legs shackled. A mileage report must be submitted with the run report. If an emergency arises during wheelchair transports, the driver should proceed to the nearest medical facility. No pocketknives, guns, etc., are permitted during transport or at the facility.

4. The Contractor will maintain adequate medical personnel, medical supplies, and medical transportation vehicles to provide emergency medical services for the ensuing contract in accordance with acceptable community standards. During emergencies, the Contractor will make available as many vehicles and personnel as is necessary to provide emergency response services. The Contractor will evaluate, treat, stabilize and/or transport all patients on emergency runs to a pre-designated Hospital unless the respective facility's medical supervisor and Contractor's staff agree otherwise, based upon the medically determined needs of the patient and in accordance with acceptable community standards.

*

5.

- C. Record Keeping – Complete records of emergency response trips, dates and medical services rendered must be maintained by the Contractor in accordance with applicable federal and state law. The EMS run reports will be submitted with all invoices and will be reviewed by the respective institution's medical staff prior to payment.

The Contractor must recognize that, pursuant to the Ohio Revised Code, inmate medical records are the property of the respective facility and cannot be released to a third party. No information will be released by the Contractor to the news media without the prior approval of the respective institution.

- D. Security – State of Ohio security personnel will be required to accompany and escort each inmate-patient in accordance with institutional and Agency security policies in effect during the term of the contract.
- E. Expansion – Any contract awarded subsequent to this Bid is based on the institution's present staffing, equipment, supplies, and other capabilities. The institution and facility will not increase staffing, equipment, supplies or other capabilities in order for the Contractor to provide emergency services.
- F. Removal of Institutions: The State shall provide thirty (30) days notice of termination for an institution removed from this contract.

* Indicates removal of the following language: "In addition, the Contractor will evaluate, treat, stabilize, and/or transport staff and visitors consistent with the medically determined needs of the patient and acceptable community standards."

PRICE SCHEDULE

** ALLEN CORRECTIONAL INSTITUTION CONTRACTOR: MEDCORP INC.

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

BELMONT CORRECTIONAL INSTITUTION CONTRACTOR: NO AWARD

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
	ALS one-way trip from Institution to Local Area Hospital	NO AWARD
	BLS one way trip from Institution to Local Area Hospital	NO AWARD
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

** CHILLICOTHE CORRECTIONAL INSTITUTION CONTRACTOR: PICKAWAY PLAINS HEALTH PRO AMBULANCE

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19491	ALS one-way trip from Institution to Local Area Hospital	\$249.00
	BLS one way trip from Institution to Local Area Hospital	\$207.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$450.00
	Ambulette Service from designated location to designated location (price per mile)	\$10.00

** CORRECTIONS MEDICAL CENTER CONTRACTOR: 1ST ADVANCED EMS

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19485	ALS one-way trip from Institution to Local Area Hospital	\$198.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	Ambulette Service from designated location to designated location (price per mile)	\$3.50

* Indicates change in price for ALS and BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County).

** Indicates the removal of OAKS item numbers. by individual line. Each Contractor has been assigned one item number for fiscal use.

PRICE SCHEDULE, CONT'D.

* CORRECTIONS RECEPTION CENTER CONTRACTOR: 1ST ADVANCED EMS

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19485	ALS one-way trip from Institution to Local Area Hospital	\$235.00
	BLS one way trip from Institution to Local Area Hospital	\$175.00
	Ambulette Service from designated location to designated location (price per mile)	\$3.85

* DAYTON CORRECTIONAL INSTITUTION CONTRACTOR: MEDCORP INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* FRANKLIN PRE-RELEASE CENTER CONTRACTOR: 1ST ADVANCED EMS

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19485	ALS one-way trip from Institution to Local Area Hospital	\$198.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	Ambulette Service from designated location to designated location (price per mile)	\$3.50

* GRAFTON CORRECTIONAL INSTITUTION CONTRACTOR: LIFECARE AMBULANCE INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19488	ALS one-way trip from Institution to Local Area Hospital	\$463.41
	BLS one way trip from Institution to Local Area Hospital	\$401.07
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1082.28
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1044.72
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

PRICE SCHEDULE, CONT'D.

* HOCKING CORRECTIONAL FACILITY		CONTRACTOR: PICKAWAY PLAINS HEALTH PRO AMBULANCE
OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19491	ALS one-way trip from Institution to Local Area Hospital	\$249.00
	BLS one way trip from Institution to Local Area Hospital	\$207.41
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$700.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$650.00
	Ambulette Service from designated location to designated location (price per mile)	\$10.00
* LEBANON CORRECTIONAL INSTITUTION		CONTRACTOR: COOPERATIVE HEALTH PARTNERS LLC
OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19486	ALS one-way trip from Institution to Local Area Hospital	\$451.00
	BLS one way trip from Institution to Local Area Hospital	\$388.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$997.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$934.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD
* LONDON CORRECTIONAL INSTITUTION		CONTRACTOR: KARE MEDICAL TRANSPORT
OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19487	ALS one-way trip from Institution to Local Area Hospital	\$440.00
	BLS one way trip from Institution to Local Area Hospital	\$296.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
	Ambulette Service from designated location to designated location (price per mile)	\$6.00
* LORAIN CORRECTIONAL INSTITUTION		CONTRACTOR: LIFECARE AMBULANCE INC
OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19488	ALS one-way trip from Institution to Local Area Hospital	\$436.41
	BLS one way trip from Institution to Local Area Hospital	\$401.07
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1082.28
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1044.72
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

PRICE SCHEDULE, CONT'D.

* MADISON CORRECTIONAL INSTITUTION CONTRACTOR: KARE MEDICAL TRANSPORT

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19487	ALS one-way trip from Institution to Local Area Hospital	\$440.00
	BLS one way trip from Institution to Local Area Hospital	\$296.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
	Ambulette Service from designated location to designated location (price per mile)	\$6.00

* MANSFIELD CORRECTIONAL INSTITUTION CONTRACTOR: MANSFIELD AMBULANCE INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19489	ALS one-way trip from Institution to Local Area Hospital	\$365.00
	BLS one way trip from Institution to Local Area Hospital	\$140.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$590.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
	Ambulette Service from designated location to designated location (price per mile)	\$2.50

* MARION CORRECTIONAL INSTITUTION CONTRACTOR: MEDCORP INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

NOBLE CORRECTIONAL INSTITUTION CONTRACTOR: NO AWARD

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
	ALS one-way trip from Institution to Local Area Hospital	NO AWARD
	BLS one way trip from Institution to Local Area Hospital	NO AWARD
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

PRICE SCHEDULE, CONT'D.

CONTRACTOR: STOFCKE AMBULANCE
 SERVICE INC

* NORTH CENTRAL CORR. INSTITUTION

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19493	ALS one-way trip from Institution to Local Area Hospital	\$350.00
	BLS one way trip from Institution to Local Area Hospital	\$215.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
	Ambulette Service from designated location to designated location (price per mile)	\$8.00

* NORTHEAST PRE-RELEASE CENTER

CONTRACTOR: MEDCORP INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* OAKWOOD CORRECTIONAL FACILITY

CONTRACTOR: MEDCORP INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
** ** 19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* OHIO REFORMATORY FOR WOMEN

CONTRACTOR: KARE MEDICAL TRANSPORT

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19487	ALS one-way trip from Institution to Local Area Hospital	\$440.00
	BLS one way trip from Institution to Local Area Hospital	\$296.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
	Ambulette Service from designated location to designated location (price per mile)	\$6.00

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

** Indicates change of price for BLS one way trip from Institution to Local Area Hospital and ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County).

PRICE SCHEDULE, CONT'D.

OHIO STATE PENITENTIARY

CONTRACTOR: NO AWARD

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
	ALS one-way trip from Institution to Local Area Hospital	NO AWARD
	BLS one way trip from Institution to Local Area Hospital	NO AWARD
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* PICKAWAY CORRECTIONAL INSTITUTION

CONTRACTOR: 1ST ADVANCED EMS

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19485	ALS one-way trip from Institution to Local Area Hospital	\$235.00
	BLS one way trip from Institution to Local Area Hospital	\$175.00
	Ambulette Service from designated location to designated location (price per mile)	\$3.85

* RICHLAND CORRECTIONAL INSTITUTION

MANSFIELD AMBULANCE INC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19489	ALS one-way trip from Institution to Local Area Hospital	\$365.00
	BLS one way trip from Institution to Local Area Hospital	\$140.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$590.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
	Ambulette Service from designated location to designated location (price per mile)	\$2.50

* ROSS CORRECTIONAL INSTITUTION

CONTRACTOR: PICKAWAY PLAINS HEALTH PRO AMBULANCE

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19491	ALS one-way trip from Institution to Local Area Hospital	\$249.00
	BLS one way trip from Institution to Local Area Hospital	\$207.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$450.00
	Ambulette Service from designated location to designated location (price per mile)	\$10.00

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

PRICE SCHEDULE, CONT'D.

CONTRACTOR: PICKAWAY PLAINS HEALTH
 PRO AMBULANCE

* SOUTHEASTERN CORR. INSTITUTION

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19491	ALS one-way trip from Institution to Local Area Hospital	\$249.00
	BLS one way trip from Institution to Local Area Hospital	\$207.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$450.00
	Ambulette Service from designated location to designated location (price per mile)	\$10.00

CONTRACTOR: PORTSMOUTH EMERGENCY
 AMBULANCE SERVICE INC

* SOUTHERN OHIO CORR. FACILITY

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19492	ALS one-way trip from Institution to Local Area Hospital	\$215.00
	BLS one way trip from Institution to Local Area Hospital	\$215.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$415.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$415.00
	Ambulette Service from designated location to designated location (price per mile)	\$1.50

* TOLEDO CORRECTIONAL INSTITUTION

CONTRACTOR: MEDCORP

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19490	ALS one-way trip from Institution to Local Area Hospital	\$250.00
	BLS one way trip from Institution to Local Area Hospital	\$150.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

TRUMBULL CORRECTIONAL INSTITUTION

CONTRACTOR: NO AWARD

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
	ALS one-way trip from Institution to Local Area Hospital	NO AWARD
	BLS one way trip from Institution to Local Area Hospital	NO AWARD
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	NO AWARD
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

PRICE SCHEDULE, CONT'D.

CONTRACTOR: COOPERATIVE HEALTH PARTNERS LLC

* WARREN CORRECTIONAL INSTITUTION

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19486	ALS one-way trip from Institution to Local Area Hospital	\$451.00
	BLS one way trip from Institution to Local Area Hospital	\$388.00
	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$997.00
	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$934.00
	Ambulette Service from designated location to designated location (price per mile)	NO AWARD

* Indicates the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for DRC fiscal use.

CONTRACTOR INDEX, CONT'D.

* CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-10 (06/30/13)



* 193127
Pickaway Plains Health Pro Ambulance
1950 Stoneridge Dr.
Circleville, OH 43113

TERMS: 2%, 10 Days, Net 30 days

Telephone: (740) 474-7787
Fax: (740) 474-8172
e-mail: davew@ppa-ems.com

CONTRACTOR'S CONTACT: Dave Whaley

AWARDED INSTITUTIONS: Chillicothe Correctional Institution, Hocking Correctional Institution, Ross Correctional Institution and Southeastern Correctional Institution

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-8 (06/30/13)



193009
Portsmouth Emergency Ambulance Service, Inc.
2796 Gallia St.
Portsmouth, OH 45662

TERMS: 2%, 10 Days, Net 30 days

Telephone: (740) 354-3122
Fax: (740) 353-2086
e-mail: tadkins.peasi@gmail.com

CONTRACTOR'S CONTACT: Trina Adkins

AWARDED INSTITUTIONS: Southern Ohio Correctional Facility

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-9 (06/30/13)



67112
Stofcheck Ambulance Service Inc.
220 S. High St.
LaRue, OH 43332

TERMS: Net 30 days

Toll Free: (800) 634-1739
Telephone: (740) 499-2200
Fax: (740) 499-3617
e-mail: stofcheck@yahoo.com

CONTRACTOR'S CONTACT: Barbara Stofcheck

AWARDED INSTITUTIONS: Northcentral Correctional Institution

* Indicates change of Vendor ID from 49613 to 193127 and Contract No. from OT900712-7 to OT900712-10 for Pickaway Plains Health Pro Ambulance.

SUMMARY OF AMENDMENTS

AMENDMENT NUMBER	REVISION DATE	DESCRIPTION
1	07/26/11	Amendment is issued to indicate changes in price; to remove paragraph #5 on page 6 of the Contract; to indicate change of Vendor ID and Contract No. for Pickaway Plains Health Pro Ambulance and to add the Summary of Amendments (page 21). In addition, it denotes the removal of OAKS item numbers by individual line. Each Contractor has been assigned one item number for agency fiscal use.