

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. 7

TO: LIMITED DISTRIBUTION – The Chillicothe Correctional Institution, 15802 State Route 104 North. P.O. 5500, Chillicothe OH 45601. The Corrections Medical Center, 1990 Harmon Avenue, Columbus OH 43223, The Southern Ohio Correctional Facility, P.O. Box 45699, Lucasville OH 45699-0001,

FROM: HUGH QUILL, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: TERM CONTRACT - Emergency Ambulance Services

Attached are pages 15, 16 and 17 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to change Contractor on pricing page, change Contractor's information and to update Amendment Summary, Page 17.

All other prices, terms and conditions remain unchanged.

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

Peggy J. Canada, CPPB
peggy.canada@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):

Vendor ID.: 49613
Pickaway Plains Ambulance Srv., Inc.
1950 Stoneridge Dr.
Circleville, Ohio 43113
garyc@ppa-ems.com

Vendor ID.: 70420
Medcorp. Inc.
745 Medcorp Drive
Toledo OH 43608
tony@medcorpinc.com

Vendor ID: 176568
King's Daughters Medical Transport
2518 State Rt. 5
Ashland, KY 41102
jmiara@communityems.org

FOR THE SOUTHERN OHIO CORRECTIONAL FACILITY

NOTE: Fee based on a per trip basis to hospitals listed below.

****KING'S DAUGHTERS MEDICAL TRANSPORT**

ITEM NO.	DESCRIPTION	COST PER TRIP 08/01/05 - 05/31/06	COST PER TRIP 06/01/06- 05/31/07	COST PER TRIP 06/01/07 - 05/31/08
11601	From S.O.C.F. to Portsmouth Hospitals, (Southern Ohio Medical Center, Portsmouth, OH, and Pike Community Hospital, Waverly, OH)	\$ 195.00 PER TRIP	\$ 205.00 PER TRIP	\$ 215.00 PER TRIP
9309	From S.O.C.F. to Frazier Health Center, and The Ohio State University Hospital	\$ 395.00 PER TRIP	\$ 405.00 PER TRIP	\$ 415.00 PER TRIP
4159	Wheelchair transportation from S.O.C.F.	\$ 55.00 BASE RATE*	\$ 65.00 BASE RATE*	\$ 75.00 BASE RATE*
		\$ 2.00 MILEAGE*	\$ 2.50 MILEAGE*	\$ 3.00 MILEAGE*
		\$ 20.00 WAITING TIME*	\$ 20.00 WAITING TIME*	\$ 20.00 WAITING TIME*

NOTE: In the event a patient is transported to a local hospital and then needs to be transported to Frazier Health Center or Ohio State University Hospital, the Institution will pay the cost of one (1) transport only. The company will charge the out-of-town rate for FHC or OSU in this event.

*Base rate shall reflect pricing for the transporting of one (1) and/or no more than two (2) inmates at one time as indicated in the specifications. Mileage shall reflect cost per loaded mile, waiting time shall reflect cost per hour after one (1) hour of waiting time.

**Indicates change to Contractor.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

Vendor ID.: 49613
Pickaway Plains Ambulance Srv., Inc.
1950 Stoneridge Dr.
Circleville, Ohio 43113

BID CONTRACT NO.: OT914605-1 (05/31/08)

DELIVERY: 30 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Gary Cook,

Toll Free: (877) 474-4180
Telephone: (740) 475-7787
FAX: (740) 474-8172

IT/MIS CONTACT PERSON:

IT/MIS:

CONTRACTOR'S E-MAIL ADDRESS:

garyc@ppa-ems.com

Vendor ID.: 70420
Medcorp. Inc.
745 Medcorp Drive
Toledo OH 43608

BID CONTRACT NO.: OT914605-2 (05/31/08)

DELIVERY: 30 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Tony Anteau,

Toll Free: (800) 295-7723
Telephone: (419) 276-2503
FAX: (419) 727-4488

IT/MIS CONTACT PERSON: Tony Anteau,

IT/MIS: (419) 727-7000

CONTRACTOR'S E-MAIL ADDRESS:

tony@medcorpinc.com

Vendor ID.: 176568*
King's Daughters Medical Transport*
2518 St. Rt. 5*
Ashland, KY 41102*

BID CONTRACT NO.: OT914605-3 (05/31/08)

DELIVERY: 30 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Jim Miara,*

Toll Free: (877) 407-5368*
Telephone: (606) 329-1188*
FAX: (606) 329-1181*

IT/MIS CONTACT PERSON: Jim Miara,*

IT/MIS: (606) 329-1188

CONTRACTOR'S E-MAIL ADDRESS:

jimiara@communityems.org

*Indicates change to Vendor ID, Contractor, contact person, telephone numbers and e-mail address.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
7	12/11/09	This amendment is issued to change contractor on pricing page, change Contractor's information and also to update Amendment Summary, Page 17.
6	06/01/09	Amendment issued to renew contract an additional twelve (12) months, update Page 1 and Page 17 Summary of Amendments.
5	06/01/08	Amendment issued to renew contract an additional twelve (12) months, update Page 1, to change a contract contact person and e-mail address and to add Page 17 Summary of Amendments.
4	10/01/05	Amendment issued to change contractor and pricing.
3	09/07/05	Amendment issued to cancel contractor from contract.
2	08/01/05	Amendment issued adds supplemental Bid No. OT902706 to Contract No. OT914605
1	06/01/05	Amendment issued to change price.