

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

MANDATORY USE CONTRACT FOR: ON-SITE MOBILE DIAGNOSTIC X-RAY AND ELECTROCARDIOGRAM SERVICES

CONTRACT No.: OT900013

EFFECTIVE DATES: 10/01/12 to 10/31/15

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT900013 that opened on 08/06/12. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including the [Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions](#), special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Requirements Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to Department of Mental Health, Department of Youth Services and Department of Rehabilitation and Correction, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to \$2500.00 using the state of Ohio payment card. Any purchase that exceeds \$2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

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

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

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

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

Signed: _____
Robert Blair, Director Date

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SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency/institution. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

HIPAA: As a condition of receiving a contract from the State, the Contractor and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and regulations at 45 C.F.R. Section Parts 160, 162, and 164 [relating to privacy and security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) applicable to it as a Covered Entity and/or a Business Associate. In the event of a material breach of Contractor's obligations under this section, the State Department of Administrative Services may terminate the Contract according to provisions for Contract termination.

SITE VISIT: Prior to submitting their bid response, the bidder should visit the agency(ies) they are bidding in order to survey the facility(s) and to become familiar with the requirements of the bid. The bidder must contact each facility to schedule an appointment. To schedule an appointment, please refer to Appendix A. Once a contract is awarded, failure of the bidder to have requested a site visit to become familiar with the facility and requirements of the bid will be insufficient reason to support any request to be released from the contract.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will award based on the low lot total. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. If the estimated annual usage is unknown a quantity of one (1) will be used, for calculation purposes only. Failure to bid all items may result in the bidder being deemed not responsive.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Failure to bid all items may result in the bidder being deemed not responsive.

FIXED-PRICE WITH WAGE ADJUSTMENTS: No price adjustment will be granted during the first twelve (12) months duration of the contract. Thereafter, should changes be approved to the Federal Minimum Wage Rates, Federal Mandatory Health Care Programs, Workers' Compensation and/or Unemployment Insurance rates and/or transportation costs, the Contractor may petition DAS to increase the contract price(s). If approved by DAS, the Contractor will only be entitled to the exact amount of the increase as approved in the respective program. DAS will not agree to any increase that is retroactive to the start date of the Contract or is within the above stated time period that prices may not be adjusted. The Contractor must give DAS a minimum of thirty-(30) calendar days notice prior to the effective date of the increase. The petition must be accompanied by documentary evidence to fully support the request (e.g. Federal Minimum Wage Scales, tariff schedules, etc.). If approved the increase will become effective on the date set forth in the request and will remain in effect for the duration of the Contract. Approval of said increase is at the sole discretion of DAS. No petition for increase will be considered for adjustments that occurred prior to the effective date of the Contract.

TEMPORARY FUEL ADJUSTMENT: No request for a temporary fuel adjustment may be requested for the first six (6) months duration of the Contract. Thereafter, should a statewide or national increase in the cost of fuel occur, that is greater than 20% of the cost for fuel in place at the time of Contract award, the Contractor may petition DAS to increase the Contract price(s). The Contractor will be required to provide a cost breakdown of each item to indicate the portion of their product cost that is attributed to fuel. If approved, the Contractor will be permitted to adjust the price(s) by the exact amount of the fuel increase. The increase will be effective seven (7) calendar days after approval. Future requests for fuel cost adjustment will be considered in six (6) month intervals, for the duration of the Contract, under the above conditions.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

Should a statewide or national decrease in the cost of fuel occur, that is greater than 20% of the cost of fuel at the time of Contract award or approved increase, the Contractor will advise Procurement Services of said decrease and the Contract will be adjusted accordingly. Said decrease will become effective seven (7) calendar days after notification. Failure of the Contractor to notify Procurement Services of a decrease will be considered as a default and the Contractor will be responsible to reimburse the state for any overpayments. Said increases or decreases will be effective on all orders placed on or after the approval date of the adjustment.

REFERENCES: To be considered responsive the bidder must, at the time of bid submission, be an established business with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this bid. Each bidder is to submit, with the bid, a listing of three (3) references documenting experience in providing mobile X-Rays and EKGs, in accordance with state and federal standards and guidelines, within the previous three (3) years. Name, address and telephone number of each reference must be included.

LICENSE: The Contractor must be properly registered by the Ohio Department of Health to possess x-ray equipment in accordance with Ohio Administrative Code 3701:1. The Contractor shall provide copies of current Ohio licenses, with no restrictions or limitations, with the bid submission. If the licenses are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.

The Contractor must maintain all licenses throughout the term of this contract and any renewals. At the request of a State Agency, a copy shall be provided within seven (7) calendar days. Failure to maintain and provide copies of license(s) when requested may result in cancellation of the Contract.

CONTRACTOR PERSONNEL: Contractor's warrants that all operation of X-ray and EKG equipment will be by Certified Radiological Technologists, licensed by the State of Ohio. The Contractor must assure that all Radiological Technologists receive an annual performance evaluation. Contractor shall list with bid submittal names of all providers who will be performing services on the contract, and provide copies of current licenses.

Licenses may be verified at the following link: <https://odhgateway.odh.ohio.gov/xraylicensure/activelicenses.aspx>.

Contractor warrants that all radiology interpretation services shall be performed by an Ohio licensed American Board of Radiology Certified Physician. Contractor shall list with bid submittal names of all providers who will be performing services on the contract, and provide copies of current licenses.

If the licenses, for the technologists and the physicians, are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive. Licenses must be maintained throughout the term of this contract and any renewals. Failure to maintain registration/license(s) may result in cancellation of the Contract. The State reserves the right to ask the awarded Contractor to send proof of requirements at any time during the life of this Contract. Failure to provide them within seven (7) calendar days may in cancellation of the Contract.

CREDENTIALING AND PRIVILEGING (DMH ONLY): The awarded contractor will be required to submit documents necessary for DMH to credential and privilege providers. Subsequent to contract award the Agency will provide the documents for completion. All radiologists must be credentialed and privileged for each of the DMH facilities for which they will be interpreting test results. Failure to provide these documents, properly completed as instructed, may result in cancellation of the Contract. Until the provider has been credentialed by the Agency, they will be unable to provide services.

USAGE REPORTS: Every six (6) months the contractor must submit a report (written or on disk) indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Rd., Columbus, OH 43228-1395 Attn: Sandy Herrel.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

BID AUTOMOBILE LIABILITY CHECKLIST:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES

I. SCOPE

The purpose of this bid is to obtain a Contractor to provide professional services for the performance of EKGs and the performance and diagnostic reading of radiological (X-Ray) examinations as needed to provide quality, rapid, urgent medical evaluation of adult patients of the Department of Mental Health (DMH), and the Department of Rehabilitation and Correction (DRC), and juveniles at the Department of Youth Services (DYS). The services will be provided at institutions located throughout the State and will be performed will maintaining a safe and secure environment. The patients served by this contract will include minors in a correctional facility, patients with a mental illness, and patients who are inmates.

II. DEFINITIONS

- A. Definitions. Terms used, but not otherwise defined, in this document shall have the same meaning as those terms in 45 Code of Federal Regulations (“CFR”) §§ 160.103, 164.402, and 164.501.
1. HIPAA. The use of the term “HIPAA” shall mean the Health Insurance Portability Act of 1996, and all of the implementing regulations of that statute, including Part 160 and 164 of Title 45 of the CFR.
 2. Individual. The use of the term “Individual” in this Exhibit A shall have the same meaning as the term “individual” in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
 3. Privacy Rule. The Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
 4. Security Rule. The Standards for Security of Individually Identifiable Health Information at 45 CFR parts 160 and 162 and part 164, subparts A and C.
 5. Information. The use of the term “Information” in this Exhibit A shall have the same meaning as the term “protected health information” in 45 CFR § 160.103, limited to the information created or received by Contractor from or on behalf of the State.
 6. Required By Law. The use of the term “required by law” in this Exhibit A shall have the same meaning as the term “required by law” in 45 CFR § 164.103.
 7. Breach. The use of the term “Breach” in this Exhibit A shall have the same meaning as the term “breach” in 45 CFR § 164.402.
 8. Unsecured Information. The use of the term “Unsecured Information” in this Exhibit A shall have the same meaning as the term “unsecured protected health information” in 45 CFR § 164.402.
 9. HHS - The U.S. Department of Health and Human Services or its designee.
 10. Disclose. The release, transfer or provision of access to Information, whether oral or recorded in any form or medium.
 11. Use - The sharing, employment, application, utilization, examination, or analysis, in any form or medium, of Information within the Contractor’s organization.

III. CLASSIFICATION

MOBILE X-RAY AND EKG SERVICES

- A. Certified Radiological Technologist(s) licensed by the state of Ohio shall administer required X-Rays and EKGs and an Ohio Licensed and Board Certified Radiologist Physician shall provide radiology interpretations, consultations and written reports. X-Rays may include, but are not limited to, the following:

Acute Abdomen Series	Hand	Pelvis
Abdomen Single AP	Hip	Ribs
Abdomen W/PA Chest	Humerus	Sacra-ileac Joints
Acromio-Clay Joint	Internal Auditory Canals	Sacrum-Coccyx
Ankle	Knee	Scapula
Bone Survey	Lumbar Spine	Shoulder
Cervical Spine	Lumbar Spine – Oblique	Sinuses

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES, CONT'D.

Chest PA & Lat	Mandible	Skull
Clavicle	Mastoids	Sternum
Elbow	Nasal Bones	Temp Mandibular Joints
Facial Bones	Navicular – Wrist	Thoracic Spine
Femur	Orbits	Thumb, finger, toes
Foot	OS Callous – Heel	Tibia & Fibula
Forearm	Patella	Wrist

- A. Panorex, dental, or mammogram X-Rays will not be required. Chest X-Rays for positive PPD TB Skin Test shall include Anterior-Posterior (AP) and Lateral Views. The Contractor will provide comparison interpretations when a previous test has been conducted.
- B. Administer electrocardiogram (EKG) procedure and provide the results to the requesting Agency. The institutions will be responsible for the interpretation of the test procedure results.

III. CONTRACTOR REQUIREMENTS

- A. The Joint Commission (TJC) compliance may not be a requirement at all facilities. If required, the awarded contractor will submit necessary documentation of compliance and competence as required by TJC standards; Medicare (CMS) standards; and other regulatory agencies and professional bodies. The Contractor will cooperate in conducting performance improvement studies and quality assurance mechanisms. The Contractor agrees to provide verification of any credentialing and/or privileging information, required by the Department of Mental Health, necessary to privilege and credential physicians. Facilities not currently using TJC requirements may add it during the contract term.
- B. DMH requires that practitioners providing radiological interpretations for DMH hospitals be identified. The DMH hospitals must credential and privilege each practitioner every 2 years for the duration of this contract and any subsequent renewals. The hospitals will not accept Interpretations performed by a non-privileged practitioner. Failure to maintain this accreditation for the practitioners will result in contractor being found in default of Contract.
- C. Only those employees privileged by the facility will be paid for interpretations.

IV. X-RAY AND EKG SERVICE LOCATIONS

- A. Services to be provided
 - 1. X-Ray Services
 - a. The Contractor will provide digital computerized radiography (CR) and furnish medical diagnostic interpretations, consultation as needed and written reports detailing X-Ray findings to the health care staff at each facility.
 - b. CR X-Rays shall be conducted in a medically appropriate manner and in accordance with applicable sections of the Ohio Revised Code and Ohio Administrative Code. A copy of a previous exam, required for comparison interpretation when a previous X-Ray has been conducted, shall be provided by the Contractor no longer than three (3) business days following request.
 - 2. EKG Services
 - a. The Contractor will provide EKG technician as scheduled by the using institution. Subsequent to performing the services the test results will be forwarded to the agency appointee.
- B. The Contractor will properly invoice each facility monthly, as listed in Appendix A, for the services provided to that facility. The Contractor is to include a log with the billing reports indicating the date, client name, facility, numerical classification and type of service(s) rendered. This log must be signed and dated by a designee of the facility's Health Care Staff verifying the service(s) for payment.

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES, CONT'D.

- C. Contractor shall be on call and available to provide services during normal business hours of 7:00 AM to 5:00 PM, EST, Monday through Friday, and at such other times as scheduled by the facility.
- D. Contractor shall arrive at the site either at a pre-scheduled time or within three (3) hours of request by the facilities' health care staff. Each facility using the services will be provided with appropriate X-ray and EKG order forms by the Contractor. Doctor's orders will be called or faxed to the Contractor and the Contractor will dispatch the appropriate technologist based on need and priority of service. Once exams are completed the x-ray images will be forwarded to the Radiologist for reading. For routine examinations a type-written interpretation will be provided to the institution no later than two (2) business days following the exam.

For non-routine/emergency exams verbal results are called to the designed location at each facility within two (2) hours. Legible and thorough interpretive reports shall be provided to facility's health care staff immediately or as soon as observed but no later than twenty four hours after testing. Contractor agrees to notify the institution immediately if X-ray images reveal any abnormalities that could cause loss of life, limb, or decrease of function if not identified and treated immediately.

The facility will notify the Contractor of healthcare staff to be involved in this process at each location, once the bid is awarded.

- E. Contractor will be required to have available, at time of exams, a Dicom film printer for institutions that require film to be produced.
- F. For all images and interpretations provided for DRC institutions the Contractor must produce a Dicom CD copy of the exam and a written copy of the Radiologist's report. The CD and the report must be sent to the Franklin Medical Radiology Department at 1990 Harmon Ave, Columbus OH 43223. The CD and report should be mailed within 72 hours of the exam. The cost of providing the CD to Franklin Medical Center shall be included in the cost of performing the services for DRC.

DYS and DMH may request a CD and narrative report, if desired. Please provide pricing, as a separate line item, on page 9 for providing the CD to DYS or DMH, in the event they are requested by the institution. CD should be mailed within 72 hours of the request by the institution.

- G. Telephone consultation between the Contractor's radiologist and the facility's health care staff shall be available as needed, at no additional cost to the facility. Contractor shall provide all institutions with contact information.
- H. Contractor shall insure that all images are readable prior to leaving the facility. If additional images are required by the radiologist to complete the reading, they should be performed, at that time, at no additional charge to the institution.

VI. QUALIFICATIONS

- A. Contractor warrants that all operation of X-Ray equipment shall be performed by Certified Radiological Technologist, licensed by the state of Ohio.
- B. Due to the nature of security and working conditions in mental healthcare and prison environments there may be potential of unexpected delays. The State will not pay any additional charges for travel time for the mobile unit and/or technicians or other employees, or for any other related down time incurred by the Contractor due to delays that may be encountered either entering or leaving a facility.

VIII. ADDITIONAL NOTES

- A. Each facility shall arrange clearance for the successful Contractor and its employees. Background checks may be required.
- B. The awarded Contractor shall remove all waste generated by this service.
- C. State Agencies reserve the right to modify or delete its facility locations with thirty (30) day notice, without additional cost or expense to the agency by the Contractor.

PRICE SCHEDULE

DEPARTMENT OF YOUTH SERVICES

X-RAY ITEM ID. 5101
 EKG ITEM ID. 9853

INSTITUTION	TRIP CHARGE INCLUDING FIRST X-RAY AND INTERPRETATION	EACH ADDITIONAL X-RAY AND INTERPRETATION DURING SAME VISIT	TRIP CHARGE INCLUDING FIRST EKG	EACH ADDITIONAL EKG DURING SAME VISIT
Circleville Juvenile Corr. Facility (CJCF)	\$64.00	\$45.00	\$64.00	\$45.00
Cuyahoga Hills Juvenile Corr. Facility (CHJCF)	\$64.00	\$45.00	\$64.00	\$45.00
Indian River Juvenile Corr. Facility (IRJCF)	\$64.00	\$45.00	\$64.00	\$45.00
Scioto Juvenile Correctional Facility (SJCF)	\$64.00	\$45.00	\$64.00	\$45.00

DEPARTMENT OF MENTAL HEALTH HOSPITALS

X-RAY ITEM ID. 5101
 EKG ITEM ID. 9853

Heartland Behavioral Healthcare (HBH)	\$64.00	\$45.00	\$64.00	\$45.00
Northcoast Behavioral Healthcare (NBH-N)	\$64.00	\$45.00	\$64.00	\$45.00
Northwest Ohio Psychiatric Hospital (NOPH)	\$64.00	\$45.00	\$64.00	\$45.00
Summit Behavioral Healthcare (SBH)	\$64.00	\$45.00	\$64.00	\$45.00
Twin Valley Behavioral Healthcare (TVBH)	\$64.00	\$45.00	\$64.00	\$45.00

CDs for DMH and DYS, if requested

DESCRIPTION	PRICE
Cost to provide a CD, which includes x-ray images and interpretive report of the images, if requested by DYS or DMH.	NO CHARGE

PRICE SCHEDULE, CONT'D.

DEPARTMENT OF REHABILITATION AND CORRECTION

X-RAY ITEM ID. 5101
 EKG ITEM ID. 9853

INSTITUTION	TRIP CHARGE INCLUDING FIRST X-RAY AND INTERPRETATION	EACH ADDITIONAL X-RAY AND INTERPRETATION DURING SAME VISIT	TRIP CHARGE INCLUDING FIRST EKG	EACH ADDITIONAL EKG DURING SAME VISIT
Allen/Oakwood Correctional Facility (ACI/OCF)	\$64.00	\$45.00	\$64.00	\$45.00
Hocking Correctional Facility (HCI)	\$64.00	\$45.00	\$64.00	\$45.00
Northeast Pre-Release Center (NPRC)	\$64.00	\$45.00	\$64.00	\$45.00
Ohio State Penitentiary (OSP)	\$64.00	\$45.00	\$64.00	\$45.00
Southeastern Correctional Institution (SCI)	\$64.00	\$45.00	\$64.00	\$45.00
Trumbull Correctional Institution (TCI)	\$64.00	\$45.00	\$64.00	\$45.00

APPENDIX A

Institution	Contact	Contact Phone	Contact e-mail
Circleville Juvenile Correctional Facility (CJCF) 640 Island Rd. Circleville, OH 43113	Robert Walker RN	(740) 477-2500 ext.7180	robert.walker@dys.ohio.gov
Cuyahoga Hills Juvenile Corr. Facility (CHJCH) 4321 Green Rd. Highland, Hills, OH 44128	Alonzo Thornton	(216) 682-2223	alonzo.thornton@dys.ohio.gov
Indian River Juvenile Correctional Facility (IRJCF) 2775 Indian River Road SW Massillon, OH 44647	Karen McCluney-Jackson	(330) 834-2712	karen.mccluney-jackson@dys.ohio.gov
Scioto Juvenile Correctional Facility (SJCF) 5993 Home Rd. Delaware, OH 43015	Vickie Donohue	(740) 881-3554 (740) 881-3551	vickie.donohue@dys.ohio.gov
Heartland Behavioral Healthcare (HBH) 3000 Erie Street South Massillon, OH 44647	Patricia Eddleman	(330) 833-3135	patricia.eddleman@mh.ohio.gov
Northcoast Behavioral Healthcare (NBH-N) Northfield Campus 1756 Sagamore Rd. Northfield, OH 44067	John Zmina	(330) 467-7131	zminaj@mh.ohio.gov
Northwest Ohio Psychiatric Hospital (NOPH) 930 South Detroit Ave. Toledo, OH 43614	James Skolmowski	(419) 481-1881	james.skolmowski@mh.ohio.gov
Summit Behavioral Healthcare (SBH) 1101 Summit Rd. Cincinnati, OH 45237	Steven Burns	(513) 948-3600	steven.burns@mh.ohio.gov
Twin Valley Behavioral Healthcare (TVBH) 2200 West Broad St. Columbus, OH 43223	John Eardley	(614) 752-0333	john.eardley@mh.ohio.gov

APPENDIX A, CONT'D.

Institution	Contact	Contact Phone	Contact e-mail
Allen/Oakwood Correctional Facility (ACI/OCF) 3200 North West St. Lima, OH 45801	Tom Ferry	(419) 225-8052 ext. 2005	tom.ferry@odrc.state.oh.us
Hocking Correctional Facility (HCI) 16759 Snake Hollow Rd. Nelsonville, OH 45764	Craig Rich	(740) 753-1917 ext. 2350	craig.rich@odrc.state.oh.us
Northeast Pre-Release Center 2675 E. 30 th St. Cleveland, OH 44115	Mark Nemec	(216) 771-6460 ext. 2006	mark.nemec@odrc.state.oh.us
Ohio State Penitentiary (OSP) 878 Coitsville-Hubbard Rd. Youngstown, OH 44505	Carolyn Nowak	(330) 743-0700 ext. 2130	carolyn.nowak@odrc.state.oh.us
Southeastern Correctional Institution (SCI) 5900 B.I.S. Rd. Lancaster, OH 43130	Karen Duffel	(740) 653-4324 ext. 2100	karen.duffel@odrc.state.oh.us
Trumbull Correctional Institution 5701 Burnett Rd. Leavittsburg, OH 44430	Jacqueline Scott	(330) 898-0820 ext. 2023	jacqueline.scott@odrc.state.oh.us

CONTRACTOR INDEX

CONTRACTOR TERMS:

BID CONTRACT NO.: 0T900013 (10/31/15)



136927
Symphony Diagnostic Services
dba MobileXUSA
6185 Huntley Rd., Ste. Q
Columbus, OH 43229

TERMS: 2%, 10 days, Net 30 Days

DELIVERY: As Specified

CONTRACTOR'S CONTACT: Tammy Peterson

Toll-Free: (866) 682-5454
Phone: (614) 888-2226
FAX: (614) 888-0027
E-mail address: tammy.peterson@mobilexusa.com

REMIT TO:
MobileXUSA
PO Box 17452
Baltimore, MD 21297-0518