

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: EMERGENCY MEDICAL AMBULANCE SERVICES

CONTRACT No.: OT900712

EFFECTIVE DATES: 07/01/11 to 06/30/13

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT900712 that opened on 06/01/11. 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 Rehabilitation and Corrections, 770 W. Broad St., Columbus, OH 43222, 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>

\* Note: Index number changed from LDC005 to DRC013 per addendum 1 of Invitation to Bid OT900712 dated 05/17/11.

Signed: \_\_\_\_\_  
Robert Blair, Director Date

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SPECIAL CONTRACT TERMS AND CONDITIONS

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. 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.

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.

SITE VISIT: Prior to submitting their bid response, the bidder should visit the institution(s) for which 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 they are bidding to schedule an appointment. (See Appendix A for the facility's contact person.) The bidder must call the contact person at each applicable institution listed below at least two (2) business days prior to the scheduled site visit to obtain entry authorization into the institution. Bidders must have with them a picture I. D. (such as a valid Ohio driver's license) in order to be admitted to institutions for site visits. In accordance with agency policy, no knives, firearms, cameras/photo equipment, recording devices, cell phones, computers and/or pagers will be allowed in the complex.

No additional compensation will be awarded due to unfamiliarity with the scope of service required. It will be assumed that the bidder has full knowledge of existing conditions/service areas and accepts them as is, unless otherwise specified within this bid. 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.

LICENSE: The bidder shall submit as part of their bid a copy of state of Ohio Pharmacy License and Medical Directors (Name and License Number). A copy of the bidder's Ohio Medical Transportation Board (OMTB) License must be supplied, if applicable. If not provided with the bid response, the bidder will be required to provide the documents within seven (7) day from notification by the Office of procurement Services. Failure to provide the copies within seven (7) days will result in the bidder being deemed as not-responsive.

INSURANCE: The Contractor shall provide the following insurance coverage at its own expense throughout the term of this Contract:

1. General Liability Insurance: Commercial General Liability insurance coverage for bodily injury, personal injury, wrongful death, property damage. The defense cost shall be outside of the policy limits. Such policy shall designate the state of Ohio as an additional insured, as its interest may appear. The policy shall also be endorsed to include a blanket waiver of subrogation. At a minimum, the limits of the insurance shall be:

\$2,000,000 General Aggregate  
\$1,000,000 per Occurrence Limit

The policy shall also be endorsed to provide the State with 30-day prior written notice of cancellation or material change to the policy. It is agreed upon that the Contractor's Commercial General Liability shall be primary over any other insurance coverage.

1. Ambulance Services Professional Liability Insurance: Professional Liability Insurance covering all staff with a minimum limit of \$1,000,000 per occurrence and \$3,000,000 aggregate. If the Contractor's policy is written on a "claims made" basis, the Contractor shall provide the State with proof of continuous coverage at the time the policy is renewed. If for any reason the policy expires, or coverage is terminated, the Contractor must purchase and maintain "tail" coverage through the applicable statute of limitations.
2. Vehicle Liability Insurance: Vehicle liability insurance with a combined single limit of \$1,000,000.

Certificates for Worker's Compensation and proof of insurance must be provided. The certificate(s) must be in a form that is reasonably satisfactory to the State as to the contents of the policies and the quality of the insurance carriers. All carriers must have at least an "A-" rating by A.M. Best.

**REFERENCES REQUIRED:** Each bidder is to submit with the bid a listing of three (3) references with whom you have in the previous three (3) years or are currently providing ambulance services. Name, address and telephone number of each reference must be included.

**EVALUATION:** Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the State will multiply all of the institution's estimated annual usages of a one-way trip by its corresponding unit price. For the Ambulette service, for evaluation purposes only, the State will multiply the price per mile times the amount of 100 miles. These figures will be added together for a total institution price. The Contract will be awarded to the lowest responsive and responsible bidder meeting all bid specifications and requirements as listed herein. Failure to bid all items for an institution may deem your bid not-responsive.

**CONTRACT AWARD:** The contract will be awarded to the lowest responsive and responsible bidder by institution.

**CONTRACT RENEWAL:** The Contract may be renewed for one (1) month at the State's option. Additionally, this Contract may be renewed, by agreement, for any number of times for any period of time under the same prices, terms and conditions stated herein. The cumulative total of all renewals by agreement may not exceed four (4) years.

**FIXED-PRICE WITH ECONOMIC ADJUSTMENT:** The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective thirty (30) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc. Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

**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.

**USE OF SOCIAL SECURITY NUMBERS AS FEDERAL TAX IDENTIFICATION NUMBERS:** The Department of Administrative Services (Department) requires vendors and contractors wishing to do business with the State to provide their Federal Taxpayer Identification Number to the Department. The Department does this so that it can perform statutorily required "responsibility" analyses on those vendors and contractors doing business with the State and, under limited circumstances, for tax reporting purposes. If you are a vendor or contractor using your Social Security Number as your Federal Taxpayer Identification Number, please be aware that the information you submit is a public record, and the Department may be compelled by Ohio law to release Federal Taxpayer Identification Numbers as a public record. If you do not want to have your Social Security Number potentially disclosed as a Federal Taxpayer Identification Number, the Department encourages you to use a separate Employer Identification Number (EIN) obtained from the United States Internal Revenue Service's to serve as your Federal Taxpayer Identification Number.

SPECIFICATIONS FOR EMERGENCY MEDICAL AMBULANCE SERVICES

I. SCOPE

The state of Ohio is seeking a contractor to provide Emergency Medical Ambulance Service to Department of Rehabilitation and Correction's state institutions (see institution list—Appendix A) within the state of Ohio. The term of any contract issued pursuant to this Invitation to Bid shall be for a period of two (2) years, from July 1, 2011 through June 30, 2013.

II. CONTRACTOR'S RESPONSIBILITIES

- A. Provide competent attendants.
- B. Take precautions necessary to protect persons or property against injury or damage and to be responsible for any such injury or damage as a result of the Contractor's fault or negligence.
- C. Perform the work without unnecessarily interfering with agency activities.
- D. No attendants are permitted to have any relatives or acquaintances in the institutions or facilities they are servicing, if they do they are to notify the institution or facility management ahead of time.
- E. The successful bidder must have the capability of furnishing additional attendants and ambulances required by the medical staff. Additional trips to be billed at the same rate as indicated in this bid submission.
- F. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPPA)

III. REQUIREMENTS

A. Service Requirements

- 1. To provide emergency response services twenty-four (24) hours per day, seven (7) days per week for the institutions or facilities listed herein.
- 2. Ambulances, equipment, and attendants must meet or exceed the minimum National Health Care Standards or equivalent as outlined by the U.S. Department of Transportation. The Contractor must comply with Ohio Revised Code (ORC) Chapters 4765 and 4766.
- 3. The Contractor's personnel provided by this agreement are bound to observe the laws, regulations and policies of the state of Ohio and the institutions and facilities listed herein.

Entrance into a facility requires each person to have a photo identification card in their possession (i.e. driver's license, state of Ohio identification card, etc.). The Contractor must ensure that all providers via this contract have a photo ID card in their possession while providing emergency services.

- 4. The Contractor must provide the institution(s) they are servicing with copies of Ohio State Board of Pharmacy License and Medication Addendum, along with a copy of their OMTB license, if applicable.

B. Medical Equipment and Related Supplies – All medical traumas, problems, ailments and conditions are intended to be covered by any ensuing contract. Based on the need of the requesting Agency, Contractor will need to provide emergency response vehicles that are equipped to provide Advance Life Support (ALS) services, Basic Life Support (BLS) services or Ambulette services.

- 1. Response time for ALS or BLS response is to be within fifteen (15) minutes after receiving the call from the requesting institution. The Contractor shall provide exception reports to the institution Health Administrator for any response that exceeds the fifteen minute requirement. Repeated responses in excess of the fifteen minute requirement may be cause for termination of the contract.

If the awarded Contractor is unable to respond to the call, the Contractor shall contact the nearest EMS entity, public or private, whoever can respond to the institution without delay. The Contractor will be responsible for all charges pertaining to an EMS run performed by another EMS entity. Any invoices for charges received at the institution from another EMS entity will be forwarded to the Contractor for payment. The institution will pay the Contractor the awarded trip fee regardless of the trip charge billed by another EMS entity.

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. 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.
- 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.

G. Pricing: Bidder shall provide line item pricing for each of the following requirements in the Price Schedule on Page 9. Estimated annual usages have been provided in Appendix B for each institution. For Pickaway Correctional Institution, Franklin Pre-Release Center, Corrections Medical Center and Corrections Reception Center the local hospital and The Ohio State University Medical Center are the same. Usages may change during the term of any ensuing contract, based on demographic changes at each institution. Bidder shall provide pricing in the order of the following columns:

1. The price for ALS one way trip from the requesting institution to the local area hospital listed in Appendix A.
2. The price for ALS one way trip from the requesting institution or local area hospital listed for that institution in Appendix A to either:
  - a. Ohio State University Medical Center (OSU), 410 W. Tenth Ave., Columbus, OH 43210 or,
  - b. Department of Rehabilitation and Correction, Corrections Medical Center (CMC), 1990 Harmon Ave., Columbus, OH 43223.

These locations are all located in Franklin County. There shall be one price quoted for this trip regardless of the departure and the arrival locations.

3. The price for BLS one way trip from the requesting institution to the local area hospital listed in Appendix A.
4. The price for BLS one way trip from the requesting institution or local area hospital listed for that institution in Appendix A to either:
  - a. Ohio State University Medical Center (OSU), 410 W. Tenth Ave., Columbus, OH 43210 or,
  - b. Department of Rehabilitation and Corrections, Corrections Medical Center (CMC), 1990 Harmon Ave., Columbus, OH 43223.

These locations are all located in Franklin County. There shall be one price quoted for this trip regardless of the departure and the arrival locations.

5. The price per mile for Ambulette Service from a designated pick-up location to a designated final location. The charge on the invoice shall not exceed the mileage accumulated while transporting the occupant(s) from pick-up to final destination. A mileage report summary shall be provided to the escort at the completion point of the trip. A duplicate copy shall accompany the invoice, for review prior to payment. For evaluation purposes only, a trip of 100 miles will be calculated.

PRICE SCHEDULE

ALLEN CORRECTIONAL INSTITUTION

CONTRACTOR: MEDCORP INC.

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19307	ALS one-way trip from Institution to Local Area Hospital	\$250.00
19309	BLS one way trip from Institution to Local Area Hospital	\$150.00
19310	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
19311	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
19312	ALS one-way trip from Institution to Local Area Hospital	\$249.00
19313	BLS one way trip from Institution to Local Area Hospital	\$207.00
19315	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$650.00
19316	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$600.00
19318	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
19320	ALS one-way trip from Institution to Local Area Hospital	\$198.00
19322	BLS one way trip from Institution to Local Area Hospital	\$150.00
19323	Ambulette Service from designated location to designated location (price per mile)	\$3.50

PRICE SCHEDULE, CONT'D.

CORRECTIONS RECEPTION CENTER

CONTRACTOR: 1ST ADVANCED EMS

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19324	ALS one-way trip from Institution to Local Area Hospital	\$235.00
19326	BLS one way trip from Institution to Local Area Hospital	\$175.00
19328	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
19331	ALS one-way trip from Institution to Local Area Hospital	\$250.00
19333	BLS one way trip from Institution to Local Area Hospital	\$150.00
19335	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
19337	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
19339	ALS one-way trip from Institution to Local Area Hospital	\$198.00
19341	BLS one way trip from Institution to Local Area Hospital	\$150.00
19344	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
19346	ALS one-way trip from Institution to Local Area Hospital	\$463.41
19349	BLS one way trip from Institution to Local Area Hospital	\$401.07
19351	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1082.28
19353	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

PRICE SCHEDULE, CONT'D.

HOCKING CORRECTIONAL FACILITY CONTRACTOR: PICKAWAY PLAINS HEALTH PRO  
 AMBULANCE

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19355	ALS one-way trip from Institution to Local Area Hospital	\$249.00
19356	BLS one way trip from Institution to Local Area Hospital	\$207.41
19358	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$700.00
19360	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$650.00
19362	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
19365	ALS one-way trip from Institution to Local Area Hospital	\$451.00
19366	BLS one way trip from Institution to Local Area Hospital	\$388.00
19369	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$997.00
19371	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
19373	ALS one-way trip from Institution to Local Area Hospital	\$440.00
19376	BLS one way trip from Institution to Local Area Hospital	\$296.00
19378	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
19381	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
19382	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
19384	ALS one-way trip from Institution to Local Area Hospital	\$436.41
19386	BLS one way trip from Institution to Local Area Hospital	\$401.07
19387	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$1082.28
19388	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

PRICE SCHEDULE, CONT'D.

MADISON CORRECTIONAL INSTITUTION

CONTRACTOR: KARE MEDICAL TRANSPORT

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19389	ALS one-way trip from Institution to Local Area Hospital	\$440.00
19390	BLS one way trip from Institution to Local Area Hospital	\$296.00
19392	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
19394	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
19396	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
19399	ALS one-way trip from Institution to Local Area Hospital	\$365.00
19401	BLS one way trip from Institution to Local Area Hospital	\$140.00
19403	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$590.00
19405	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
19408	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
19412	ALS one-way trip from Institution to Local Area Hospital	\$250.00
19413	BLS one way trip from Institution to Local Area Hospital	\$150.00
19414	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
19415	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

PRICE SCHEDULE, CONT'D.

CONTRACTOR: STOFCHECK AMBULANCE  
 SERVICE INC

NORTH CENTRAL CORRECTIONAL INSTITUTION

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19308	ALS one-way trip from Institution to Local Area Hospital	\$350.00
19314	BLS one way trip from Institution to Local Area Hospital	\$215.00
19317	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
19319	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
19325	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
19327	ALS one-way trip from Institution to Local Area Hospital	\$250.00
19329	BLS one way trip from Institution to Local Area Hospital	\$150.00
19330	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$350.00
19332	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
19334	ALS one-way trip from Institution to Local Area Hospital	\$250.00
19336	BLS one way trip from Institution to Local Area Hospital	\$250.00
19338	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$250.00
19340	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
19342	ALS one-way trip from Institution to Local Area Hospital	\$440.00
19343	BLS one way trip from Institution to Local Area Hospital	\$296.00
19345	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$440.00
19347	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$296.00
19348	Ambulette Service from designated location to designated location (price per mile)	\$6.00

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
19350	ALS one-way trip from Institution to Local Area Hospital	\$235.00
19352	BLS one way trip from Institution to Local Area Hospital	\$175.00
19354	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
19367	ALS one-way trip from Institution to Local Area Hospital	\$365.00
19368	BLS one way trip from Institution to Local Area Hospital	\$140.00
19370	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$590.00
19372	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$400.00
19374	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
19357	ALS one-way trip from Institution to Local Area Hospital	\$249.00
19359	BLS one way trip from Institution to Local Area Hospital	\$207.00
19361	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$550.00
19363	BLS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$450.00
19364	Ambulette Service from designated location to designated location (price per mile)	\$10.00



PRICE SCHEDULE, CONT'D.

WARREN CORRECTIONAL INSTITUTION

CONTRACTOR: COOPERATIVE HEALTH  
PARTNERS LLC

OAKS ITEM ID NO.	ITEM DESCRIPTION	UNIT PRICE
19407	ALS one-way trip from Institution to Local Area Hospital	\$451.00
19409	BLS one way trip from Institution to Local Area Hospital	\$388.00
19410	ALS one way trip from Institution or Local Area Hospital to OSU/CMC (Franklin County)	\$997.00
19411	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

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-1 (06/30/13)



193029  
1st Advanced EMS  
555 Officenter Pl., Ste. 103  
Gahanna, OH 43230

TERMS: Net 30 days

Toll Free: (855) 348-9991  
Telephone: (614) 917-3332  
Fax: (614) 418-7085  
e-mail: npettay@1stadvems.com

CONTRACTOR'S CONTACT: Nicole Pettay

AWARDED INSTITUTIONS: Corrections Medical Center, Corrections Reception Center, Franklin Pre-Release Center and Pickaway Correctional Institution

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CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-2 (06/30/13)



61116  
Cooperative Health Partners, LLC – Patient Transport Services, Inc (PTS)  
17 S. High St., Ste. 1000  
Columbus, OH 43215

TERMS: 2%, 10 Days, Net 30 days

Telephone: (614) 255-0310  
Fax: (614) 228-7702  
e-mail: crotten@shcare.net

CONTRACTOR'S CONTACT: Carolyn Roten

DISPATCH AND BILLING CENTER

714 W. Columbia St.  
Springfield, OH 45504

Telephone: (800) 547-2642  
Fax: (937) 325-9522

REMIT TO

PO Box 1048  
Springfield, OH 45501

AWARDED INSTITUTIONS: Lebanon Correctional Institution and Warren Correctional Institution

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CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-3 (06/30/13)



68959  
Kare Medical Transport  
1002 Columbus St.  
Marysville, OH 43040

TERMS: 2%, 10 Days, Net 30 days

Telephone: (937) 578-0264  
Fax: (937) 578-0261  
e-mail: karemedical@hotmail.com

CONTRACTOR'S CONTACT: Christina Keeran

REMIT TO

PO Box 110  
Marysville, OH 43040-0110

AWARDED INSTITUTIONS: London Correctional Institution, Madison Correctional Institution and Ohio Reformatory for Women

CONTRACTOR INDEX, CONT'D.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-4 (06/30/13)



66770  
LifeCare Ambulance, Inc.  
640 Cleveland St.  
Elyria, OH 44035

TERMS: 2%, 10 Days, Net 30 days

Telephone: (440) 323-6111  
Fax: (440) 365-2266  
e-mail: pete@lifecareambulance.com

CONTRACTOR'S CONTACT: Peter delaPorte

AWARDED INSTITUTIONS: Grafton Correctional Institution and Lorain Correctional Institution

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CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-5 (06/30/13)



60586  
Mansfield Ambulance Inc.  
369 Marion Ave.  
Mansfield, OH 44903

TERMS: Net 30 days

Toll Free: (877) 627-6428  
Telephone: (419) 525-1690  
Fax: (419) 525-1920  
e-mail: tdurbin@mansfieldambulance.com

CONTRACTOR'S CONTACT: Thomas Durbin

AWARDED INSTITUTIONS: Mansfield Correctional Institution and Richland Correctional Institution

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CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-6 (06/30/13)



70420  
MedCorp Inc.  
745 MedCorp Dr.  
Toledo, OH 43608

TERMS: 2%, 10 Days, Net 30 days

Toll Free: (800) 295-7723  
Telephone: (419) 727-7000  
Fax: (419) 726-2473  
e-mail: fisch@medcorpinc.com

CONTRACTOR'S CONTACT: Fred Isch

AWARDED INSTITUTIONS: Allen Correctional Institution, Dayton Correction Institution, Marion Correctional Institution, Northeast Pre-Release Center, Oakwood Correctional Facility and Toledo Correctional Institution

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CONTRACTOR INDEX, CONT'D.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT900712-7 (06/30/13)



49613  
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

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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

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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

APPENDIX A

Institution	Local Hospital	Site Visit Contact	Contact Phone	Contact e-mail
Allen Correctional Institution	Saint Rita's Medical Center	Cori Smith	(419) 224-8000 ext 2152	cori.smith@odrc.state.oh.us
Belmont Correctional Institution	East Ohio Regional Hospital	Jay Forshey	(740) 695-5169 ext. 2022	jay.forshey@odrc.state.oh.us
Chillicothe Correctional Institution	Adena Regional Medical Center	Jane McAfee	(740) 774-7080 ext 2277	jane.mcafee@odrc.state.oh.us
Corrections Medical Center	Ohio State University Medical Center	Steve Sroufe	(614) 445-5960 ext 2004	steven.sroufe@odrc.state.oh.us
Corrections Reception Center	Ohio State University Medical Center	Tim Oyer	(614) 877-2441 ext 7000	timothy.oyer@odrc.state.oh.us
Dayton Correctional Institution	Miami Valley Hospital	Dave Ragland	(937) 263-0058 ext 2008	david.ragland@odrc.state.oh.us
Franklin Pre-Release Center	Ohio State University Medical Center	Jeff Stanforth	(614) 445-8600 ext 2109	jeff.stanforth@odrc.state.oh.us
Grafton Correctional Institution	Elyria Memorial Hospital	Patti Capelety	(440) 748-1161 ext 5410	patti.capelety@odrc.state.oh.us
Hocking Correctional Facility	Doctors Health Corp of Nelsonville	Craig Rich	(740) 753-1917 ext 2350	craig.rich@odrc.state.oh.us
Lebanon Correctional Institution	Atrium Medical Center	Laura Orahoske	(513) 932-1211 ext 2006	laura.orahoske@odrc.state.oh.us
London Correctional Institution	Madison County Community	Evelyn Hall	(740) 852 2454 ext 1102	evelyn.hall@odrc.state.oh.us
Lorain Correctional Institution	Elyria Memorial Hospital	Tobey Carpenter	(440) 748-1049 ext 203	tobey.carpenter@odrc.state.oh.us
Madison Correctional Institution	Madison County Community	Darcy Turner-Olinger	(740) 852-9777 ext 2103	darcy.turner-olinger@odrc.state.oh.us
Mansfield Correctional Institution	Med Central Health Systems	Tom Bond	(419) 525-4455 ext 2060	tom.bond@odrc.state.oh.us
Marion Correctional Institution	Marion General Hospital	Rebecca Gooding	(740) 382-5781 ext 2400	rebecca.gooding@odrc.state.oh.us
Noble Correctional Institution	Marietta Memorial Hospital	Brenda Duffy	(740) 732-5188 ext 2154	brenda.duffy@odrc.state.oh.us

APPENDIX A, CONT'D.

Institution	Local Hospital	Site Visit Contact	Contact Phone	Contact e-mail
North Central Correctional Institution	Marion General Hospital	Saa Otaru-Miller	(740) 387-7040 ext 2012	saa.otaru-miller@odrc.state.oh.us
Northeast Pre-Release Center	Metrohealth Medical Center	Mark Nemec	(216) 771-6460 ext 2006	mark.nemec@odrc.state.oh.us
Oakwood Correctional Facility	Saint Rita's Medical Center	Tom Ferry	(419) 225-8052 ext 2005	tom.ferry@odrc.state.oh.us
Ohio Reformatory for Women	Memorial Hospital of Union County	Boniface Ogbonna	(937) 642-1065 ext 2221	boniface.ogbonna@odrc.state.oh.us
Ohio State Penitentiary	St. Elizabeth Health Center	Carolyn Nowak	(330) 743-0700 ext 2130	carolyn.nowak@odrc.state.oh.us
Pickaway Correctional Institution	Ohio State University Medical Center	Peg Brown	(614) 877-4362 ext 560	margaret.brown@odrc.state.oh.us
Ross Correctional Institution	Adena Regional Medical Center	Rhonda Lawless	(740) 774-7050 ext 2351	rhonda.lawless@odrc.state.oh.us
Richland Correctional Institution	Med Central Health Systems	Charles Broome	(419) 562-2100 ext 2032	charles.broome@odrc.state.oh.us
Southeastern Correctional Institution	Fairfield Medical Center	Karen Duffel	(740) 653-4324 ext 2101	karen.duffel@odrc.state.oh.us
Southern Ohio Correctional Facility	Pike Community Hospital	Denise Gray	(740) 259-5544 ext 3278	denise.gray@odrc.state.oh.us
Trumbull Correctional Institution	St. Joseph Health Center	Jacqueline Scott	(330) 898-0820 ext 2023	jacqueline.scott@odrc.state.oh.us
Toledo Correctional Institution	St. Vincent Mercy Medical	Felicitas Jackson	(419) 726-7977 ext 7188	felicitas.jackson@odrc.state.oh.us
Warren Correctional Institution	Atrium Medical Center	Dawn Brown	(513) 932-3388 ext 2153	dawn.brown@odrc.state.oh.us