

**EXHIBIT B**

**ATTACHMENT II**

**MEDICAL SERVICES AND FEES**

**I. PRE-EMPLOYMENT MEDICAL EXAMINATIONS**

**A. Sedentary Positions** Individual Fee Schedule

- |   |         |
|---|---------|
| 1. Review of City of Los Angeles'<br>Report of Medical History by a Physician | \$25.00 |
| 2. Blood Pressure/Pulse   | \$3.75  |
| 3. Vision (distance/near)   | \$3.75  |
| 4. Hearing (Audiometer)   | \$15.00 |
| 5. Urinalysis (dip stick)   | \$6.25  |

**TOTAL COST FOR SEDENTARY EXAMINATION** **\$53.75**

**B. Strenuous Positions**

- |   |                    |
|---|--------------------|
| 1. Review of the City of Los Angeles'<br>Report of Medical History by Physician   | \$25.00            |
| 2. Physical exam by Physician to<br>include height/weight, blood<br>pressure/pulse, vision (near/far)<br>and hearing (audiometer) | \$50.00            |
| 3. Urinalysis (dip stick)   | \$6.25             |
| 4. Chest x-ray (one view)<br>Chest x-ray (two views)  | \$43.75<br>\$50.00 |
| 5. EKG  | \$43.75            |
| 6. Urine Collection per DOT regulations   | \$30.00            |
| 7. Breath alcohol testing per DOT regulations   | \$18.75            |
| 8. Medical Review Officer Services  | \$10.00            |

**TOTAL COST FOR STRENUOUS EXAMINATION** **\$227.50 – \$233.75**

C. Other tests deemed necessary as a result of medical review or part of annual or work fitness examinations:

1. Comprehensive Orthopedic Spinal Examination with report	\$218.75
2. Spirometry (Respiratory medical evaluation or exam)	\$35.00
3. Lumbar Spine X-Ray (three view)	\$56.25
4. Lumbar Spine X-Ray (five view)	\$68.75
5. Blood ETOH Level	\$56.25
6. Chemical Profile Test (Albumin, Alkaline Phosphate, ALT, AST, Bilibriun, Bun, Calcium, Chloride, CO2, Creatine, Glucose, Potassium, Protein Total, Sodium)	\$35.00
7. Liver Function Profile Test (Albumin, Alkaline Phosphate, ALT, AST, Bilibriun Total, Protein Total)	\$32.00
8. Complete Blood Count	\$15.00
9. Urinalysis, microscopic	\$6.25
10. Hematocrit	\$6.25
11. Complete Vision (near/far, color/depth perception)*	\$15.00
12. Cardiovascular Stress Test (Bruce Protocol)	\$406.25
13. Sickle Cell Test	\$56.25
14. Body Fat Measurement (calipers)*	\$6.25
15. Audiometer (meeting Cal-OSHA requirements)	\$31.25
<i>Includes transport of equipment &amp; OSHA calibration on-site</i>	
16. Audiogram	\$25.00
17. Master's Step Test	\$6.25
18. Hepatitis B Surface Antibody	\$87.00
19. Hepatitis C Antibody	\$68.75
20. Hepatitis B Surface Antigen	\$82.50
21. HIV Antibody	\$82.50
22. TB Test (PPD)	\$18.75

23. Travel Vaccinations	as provided below
• Cholera	\$25.00
• Influenza	\$27.50
• Gamma Globulin	\$50.00
• Hepatitis B	\$132.00
• Hepatitis A	\$132.00
• Japanese Encephalitis	\$360.00
• Meningococcal	\$193.00
• MMR	\$147.00
• Yellow Fever	\$206.00
• Tetanus	\$46.25
• Polio (oral)	\$95.00
• Polio (IM)	\$95.00
• Typhoid	\$142.00
• Zika Virus	N/A
24. Worksite Influenza Inoculations	\$30.00
<b>25. BEI (Biological Exposure Indices) related monitoring</b>	<b>\$250.00</b>
<b>26. Respiratory Medical Evaluation or Examination</b>	<b>\$75.00</b>
<b>27. Corona Virus (COVID-19) Testing</b>	
A. Corona Virus (COVID-19) Questionnaire	\$30.00
B. Corona Virus (COVID-19) Clearance	\$85.00
C. SARS CoV-2 AB IgG COVID-19 39504	\$125.00
D. SARS CoV-2 RNA COVID-19 39448	\$185.00
<b>II. LICENSE REQUIREMENT EXAM</b>	
A. California Driver's License-Class A/B Medical Exam	\$68.75
B. U.S. Coast Guard Exam	\$93.75
<b>III. EXAMINATION FOR SCUBA CERTIFICATION</b>	<b>\$625.00</b>
(Strenuous examination, spirometry, EKG, complete CBC, complete vision test and stress treadmill test).	
<b>IV. HAZARDOUS MATERIALS EXAMINATION</b>	<b>\$237.50</b>

(Strenuous exam, pulmonary function test, CBC, urinalysis, chemistry panel -chemical 20 to include liver profile test).

**V. COST OF FIRST AID TREATMENT OF MINOR INDUSTRIAL INJURIES\*\*\*\*** (No more than two follow-up appointments).

A. STANDARD OFFICE VISIT (Initial Exam)	\$130.00
Follow-Up/Recheck Visit	\$90.00
<b>B. PLUS COST OF EACH OF THE FOLLOWING TREATMENTS RENDERED</b>	
1. Using non-prescription strength medications	\$20.00
2. Administration tetanus immunization	\$50.00
3. Cleaning, flushing, or soaking wounds on the surface	\$0.00
4. Using wound coverings such as bandages, Band-Aids gauze pads, using steri strips, or butterfly bandages	\$6.25
5. Using hot or cold therapy	\$12.50
6. Using any totally non-rigid means of support such as elastic bandages/wraps, non-rigid back belts, etc.	\$5.00 - \$30.00
7. Treatment of a nail hematoma or skin blister(s)	\$12.50
8. Eye patches	\$2.50
9. Uncomplicated foreign body removal from the eye	\$30.00
10. Removal of splinters or foreign material from the skin	\$30.00
11. Application of finger guards	\$6.25
12. Oral hydration to relieve heat stress	\$0.00

**VI. LICENSED PSYCHOLOGIST/THERAPIST/PSYCHIATRIST SERVICES**

1. Evaluate Stress and Psychological issues origins \$800.00 - \$1,000.00  
(Industrial or Non-industrial)

\*An audiologist, physician, or otolaryngologist shall review all audiograms and shall determine whether there is a need for further evaluation. This determination shall be documented on the Harbor Department's "Hearing Conservation Program Record" (which shall be provided by the Harbor Department) and discusses with the employee by an audiologist, physician, or otolaryngologist.

\*An audiologist, physician, or otolaryngologist shall compare each employee's annual audiogram to that employee's baseline audiogram to determine if the audiogram is valid and if a standard threshold shift has occurred. If a comparison of the employee's annual audiogram to

the baseline audiogram indicates a standard threshold shift, the clinic shall inform the employee and the Harbor Department of this fact, in writing, within 21 days of determination.

Proposer should provide a report of the first aid treatment care cases utilized by their clients during the 2015 calendar year.

Concentra acquired the Harbor Gateway clinic from Western Medical in February of 2019. As such, we do not have reporting of first aid treatment care cases performed by the clinic in 2015.