



**Greenfield Fire Territory  
2024 Service Agreement**



**Delivery Location: Greenfield Fire Department**

The following when signed by **St. Vincent Health, Wellness & Preventative Care Institute, Inc. d/b/a Ascension St. Vincent Public Safety Medical (PSM)**, 6612 E. 75th Street, Suite 200, Indianapolis, IN 46250 and **Greenfield Fire Territory, 17 W. South Street, Greenfield, IN 46140** will constitute an agreement for delivery of the services described below under the following terms and conditions.

**A. Scope of Services**

**a. PSM agrees to provide the following testing and evaluation services:**

	DESCRIPTION	EMR Code	2024	All
<b>Blood and Lab Work</b>	<b>Blood Panel (CMP, CBC, Lipid, Veni.)</b>	<b>3500</b>		
	CMP (Comp. Metabolic Panel)	3522	\$3.27	X
	CBC (Comp. Blood Count)	3083	\$2.27	X
	Lipid Panel (total chol., HDL, LDL, ratio)	3523	\$3.94	X
	Insulin (blood)	3527	\$12.10	X
	Hemoglobin A1C (blood)	3112	\$3.43	X
	TSH-Thyroid Stim. Hormone (blood)	3126	\$4.85	X
	Venipuncture	3000	\$0.00	X
<b>Medical Testing</b>	<b>Wellness Med. Testing:</b>	12416		
	Vital Signs-ht, wt, BMI, BP, resp., pulse (Staff Time)	6000	\$0.00	X
	Vision-Acuity	6050	\$1.00	X
	PFT – Pulmonary Function Test	6110	\$4.70	X
	Audiometry	6090	\$0.00	X
	EKG w/interp	6120	\$1.29	X
	Urinalysis – Dipstick	6020	\$0.40	X
<b>Physical Exam (Staff Time Below)</b>	Respirator/Medical Review	6304	\$0.00	X
	Comprehensive Physical Exam	12500	\$0.00	X
	Health Risk Appraisal (Medikeeper)	7000	\$0.00	X
<b>Fitness Services (Testing as listed, Plus Staff Time Below)</b>	Treadmill – Max (Indirect VO2) (Ages 40+)	2082	\$100.00	X
<b>Web-Based Services</b>	OnMed Program	8135	\$0.00	X
<b>Estimated Subtotal</b>	<b>Cost per Person without Treadmill (Does not include age based testing below)</b>			<b>\$37.25</b>
	<b>Cost per Person with Treadmill (Does not include age based testing below)</b>			<b>\$137.25</b>
<b>Other Fees and Testing</b>	PSA-Prostate Specific Ag (men: ages 40+)	3115	\$6.98	X
	Rectal/hemoccult (men: ages 40+)	6130	\$0.00	X
	Hep B Titer SAb – Quantitative (If needed)	3119	\$13.32	X
	Urine Bladder Cancer Screen (If indicated by urinalysis)	6033	\$15.30	X

### Scope of Staffing, Management, and Travel

PSM agrees to provide the following staffing and administration:

	DESCRIPTION	All
<b>Staff Time</b>	Medical Assistant (Blood Draws)	\$2,103
	Medical Assistant (Evaluations)	\$1,840
	Fitness Specialist	\$1,840
	Nurse Practitioner (Evaluations & Review)	\$3,806
	Site Leader	\$1,840
	MD Review	\$1,971
	Chart Preparation & Individual Data Management	\$458
<b>Supply Cost</b>	Supplies for blood draws and physical exams	\$550
<b>Management &amp; Administration</b>	Overhead & administrative services	\$8,645
<b>Travel Expense</b>	Travel expense for onsite deliverables	\$1,230
<b>Subtotal</b>	Fee for Staff Time, Management, Travel Expense	\$24,283
<b>Make up Day(s)</b>	<b>*If required, make-up days will be billed at staff time expense only, or the incumbent can make up their exam at PSM offices at a cost of \$345 per incumbent plus variable costs. If an x-ray is required, an additional \$30 will be billed.</b>	

<b>Total Estimated Cost</b>	Price based on an estimated 30 individuals (age 40+) completing the comprehensive physical exam with treadmill at the cost of <b>\$137.25 per person</b> <i>*price will change depending on # of people actually seen</i>	\$4,117.50
	Price based on an estimated 25 individuals completing the comprehensive physical exam without treadmill at the cost of <b>\$37.25 per person</b> <i>*price will change depending on # of people actually seen</i>	\$931.25
	One time Management fee payment	\$24,283.00
	<b>Management fee &amp; exam cost per person</b>	<b>\$29,331.75</b>

**B. Billing**

- a. Invoices are generated monthly. Payment terms are Net 30 days.
- b. The parties acknowledge and understand that the rates stated reflect rates current as of the Date of this Agreement, and are subject to change during the Term of this Agreement without a mutually signed written amendment. The parties agree that Client is responsible for payment of all lab/vaccine/testing protocol costs according to the current rates.

<b>Invoices sent to:</b>	Amy Parrish	aparrish@greenfieldin.org
<b>Accounts payable contact:</b>	Amy Parrish	317.477.4430
<b>Address:</b>	Greenfield Fire Territory, 17 W. South Street, Greenfield, IN 46140	
<b>Workers' Compensation Contact - Provider name:</b>	_____	
<b>Provider Phone:</b>	_____	

**C. Billing:**

- a. Blood and Testing: Pass through cost
- b. Evaluations: Pass through cost + Staff Time, Management, and Travel subtotal
- c. If additional days are required for testing or examinations, staff time and travel will be billed at pass through cost.

**D. Assignability**

- a. This Agreement is not assignable.

**E. Right to Receive Notice of Breach**

- a. As required by the Health Insurance Portability and Accountability Act (HIPAA), PSM will provide a written notice to all **Public Safety Medical Services** employees in the event we learn of any unauthorized acquisition, use or disclosure of your personal health information (PHI) as a result of not being properly secured as required by HIPAA. We will notify employees of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered. PSM will incur all expenses for notification and actions necessary to correct breach.

**F. Policy on Additional Testing**

- a. In the event that PSM finds it necessary **to perform additional testing** at **Greenfield Fire Territory expense** and at the request of the medical director, the **Greenfield Fire Territory** representative will be notified in advance.

**G. Policy on Repeat Testing**

- a. In the event that PSM finds it necessary **to retest a patient** due to a positive test result or the recommendation of the PSM medical director, the cost incurred will be billed to **Greenfield Fire Territory** if the retest was not based upon an error on the original test. The **Greenfield Fire Territory** representative will be notified in advance. If the retest is due to an error by PSM or a contracted laboratory or other representative, PSM will absorb any additional retest costs. No recommended actions will be made to **Greenfield Fire Territory** until PSM has received accurate retest information.

## H. Policy on Reporting Results

- a. PSM will provide a Respirator Clearance Opinion, which is compliant with the OSHA Standard 1910.134, for all employees who utilize a Self Contained Breathing Apparatus (SCBA) and PASSING the OSHA standard criteria providing approval for the use of an SCBA. It is important to underscore that the Respirator Clearance Opinion is NOT to be confused with a Medical Clearance Opinion for performing all the essential functions of firefighting. The Medical Clearance Opinion is provided after PASSING criteria provided by the most current NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments and the International Association of Firefighters (IAFF) and the International Association of Fire Chiefs (IAFC) Wellness Fitness Initiative (WFI). No specific medical test results for any patient are provided to any representative without the written consent of the patient unless required by law. If during the Medical Clearance Opinion evaluation, findings are such that the patient cannot be medically cleared to perform the essential functions of a firefighter, the patient will be counseled as to the medical concerns and the need for further medical evaluation and or treatment along with being assigned to limited duty.
  
- b. PSM will provide a medical/respirator clearance letter for every patient. The letter will state whether or not the employee is medically cleared for duty. **No specific medical test results for any patient are provided to any representative without the written consent of the patient unless required by law.** If during the medical evaluation, findings are such that the patient cannot be medically-cleared for duty, the patient will be counseled as to the medical concerns and the need to limit duty assignment. The designated **Greenfield Fire Territory** representative will be notified, in general terms, of the need for duty restriction and any safety-sensitive responsibilities. It will also be recommended that the patient be re-evaluated by PSM, after appropriate medical treatment, to provide final clearance of return to full duty after a release is first made by the patient's treating physician. PSM will assist the employee with providing related medical information and their job requirements to the treating physician to assist in their care.

## I. Dates and Location of Services

SERVICE	DATES	LOCATION
Blood Draws	February 12 - February 14, 2024	17 W. South Street, Greenfield, IN 46140
Exams	March 4 - March 8	Station 22, 210 W. New Rd, Greenfield, IN 46140

## J. Departmental Information

Jason Horning	Fire Chief	317.477.4430	jashorning@greenfieldin.org
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**Address: 17 W. South Street, Greenfield, IN 46140**

**Number of Personnel: 55**

**Chief of Dept: Chief Jason Horning**

## K. Pricing

- a. Pricing reflected above is valid through the term of this agreement.
- b. Scheduling assumes **55 participants**.

**L. Records and Accounts**

- a. PSM shall maintain accurate records and accounts of all transactions relating to the Services performed by it pursuant to this Agreement.

**M. Exam Arrival Time**

- a. To optimize the service provided to **Greenfield Fire Territory** personnel, we request that you send your personnel 15 minutes prior to their appointment time.

**N. When Running Late**

- a. If your personnel are running late for their appointment(s), please call your client manager whose name and number is listed on the signature page. This will ensure that appropriate arrangements may be made at PSM to accommodate your personnel or potential rescheduling.

**O. Cancellations**

- a. Cancellations should be made **at least 3 days** (1 shift for fire departments) prior to the scheduled appointment. This enables PSM with enough notice to offer the appointments to another department and properly prepare.

**P. Liability and Indemnification**

- a. PSM shall have no liability whatsoever to **Greenfield Fire Territory** for any error, act or omission in connection with the services to be rendered by PSM to **Greenfield Fire Territory** hereunder unless any such error, act or omission derives from willful misconduct or gross negligence.

**Q. Insurance**

- a. The parties agree that PSM will self-insure during the duration of this Agreement and is not required to purchase additional insurance. PSM agrees to maintain sufficient financial reserves and resources to provide for payment of any substantiated claim made against PSM during the term of this Agreement. City can request copies of PSM's financial records at any time to ensure that PSM has sufficient financial resources on hand to provide for adequate coverage of potential claims.
- b. Nothing in the above provisions shall operate as or be construed as limiting the amount of liability of PSM to the above enumerated amounts.

**R. Confidentiality**

- a. Each party acknowledges that in the course of performance under this Agreement, it may have access to or become familiar with certain non-public proprietary information or intellectual property of the other. The Parties agree that this Agreement and the terms set forth herein are Confidential Information. Neither party may use, publish, or disclose, or authorize any of its agents or employees to use, publish, or disclose, any Confidential Information without the other party's prior written consent of the other party (except to the extent necessary to perform its obligations under this Agreement).

**S. Term and Termination**

- a. The term of this Agreement will commence on the last date of signature below (the "Effective Date") and will terminate on December 31, 2024. Either PSM or **Greenfield Fire Territory** may terminate this Agreement at any time and for any reason by giving thirty (30) days' prior written notice. PSM shall be entitled to payment for deliverables in progress at the time that any notice of termination is given to the extent the work has been performed satisfactorily.

<b>St. Vincent Health, Wellness &amp; Preventative Care Institute, Inc. d/b/a Ascension St. Vincent Public Safety Medical</b>	<b>Greenfield Fire Territory</b>
<hr/> Name Printed	<hr/> Name Printed
<hr/> Name Signed	<hr/> Name Signed
<hr/> Title	<hr/> Title
<hr/> Date	<hr/> Date

**Your Client Manager:**

**Name:** Catherine Wheeler

**Mobile:** 317.225.3191