



Hamburg Township Public Safety Department

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RICHARD DUFFANY, DIRECTOR OF PUBLIC SAFETY



TO: Hamburg Township Board
FROM: Chief Richard Duffany
DATE: November 10, 2022
RE: Agenda Item Topic: **Annual Firefighter Physicals**
General Ledger #: 206-000.000-843.100
Number of Supporting Documents: 1
NEW/OLD BUSINESS: **XXX** New Business
_____ Old Business – Previous Agenda #:

Requested Action

- Motion to approve contractual services with Bio-Care of Holt, MI for the purpose of providing annual firefighter physicals at a cost not to exceed \$14,985.00.

Background

All Fire personnel undergo annual department-sponsored health and cancer screenings. Previously, three quotes to perform these annual physical examinations for a three-year cycle were obtained and Bio-Care was selected as they had the best three-year pricing. This is the last year of the three-year cycle and we will be seeking new quotes for next year's physicals. I am recommending that we move forward with this year's annual firefighter physicals being performed by Bio-Care.

Budget Impact

These annual firefighter physicals were included in the approved FY 22/23 budget and will not adversely affect the budget.

Respectfully,

Chief Richard Duffany
Director of Public Safety



1778 Holloway Drive, Suite A
Holt, MI 48842
800-694-6240

Service Agreement

This Service Agreement is for on-site medical services to be provided by Bio-Care, Inc. to Hamburg Township Fire Department. The two parties agree to the following terms of service.

Services to be Provided

Product Name	Line Description
Medical Examination - Fire Department: physical exam, vitals, medical history questionnaire, comprehensive blood panel, complete urinalysis with Micro, vision test, pulmonary function (PFT), and 12 lead resting EKG.	Pricing will increase to \$285.00 in 2020 and we will hold it for 2 years.
Audiometric Testing	
Wellness Screening - Health Risk Appraisal Questionnaire	
Chest X-Ray: PA (posteroanterior)	

Service Date(s)

Services will be provided on the date(s) below. Services to be completed during testing times provided on testing schedule provided by Bio-Care. All times are shown in the Eastern Time Zone

Event Date(s)	Start Time	End Time
11/28/2022	5:00:00 PM EST	8:00:00 PM EST
11/27/2022	11:00:00 AM EST	2:40:00 PM EST
11/27/2022	5:00:00 PM EST	8:00:00 PM EST
11/28/2022	5:00:00 AM EST	7:45:00 AM EST
11/28/2022	11:00:00 AM EST	2:40:00 PM EST

Service Address

Services will be performed at the following address:

10100 Veterans Memorial Dr. Hamburg, Michigan 48139 United States

Testing Location

Bio-Care Truck

Records & Reporting

Bio-Care, Inc agrees to maintain the confidentiality of all protected health information collected from the services completed in accordance with HIPAA and other applicable state and federal laws.

- Records will be sent to : Jordan Zernick at jzernick@hamburg.mi.us, at the following address:
10100 Veterans Memorial Dr, Hamburg, Michigan, 48139, United States.
- Records will include reports based on the following Regulation Standards:
NFPA 1582 - Standard on Comprehensive Occupational Medical Program for Fire Departments.
- An estimated completion and delivery of records will be 10-12 business days from the date(s) the services were completed.

Planning & Completion of Services

It is Bio-Care's responsibility to:

- Provide a testing schedule with appointment times to complete the testing services.
- Provide medical questionnaires, testing instructions, medical equipment, and medical supplies necessary to complete the testing.
- Provide medical truck to complete services.

It is Hamburg Township Fire Department responsibility to:

- Plan for and make preparations for the services and testing date by notifying management, supervisor and employees of the upcoming testing and the service date(s).
- Determine how employees will be scheduled for appointment times on the testing schedule and make necessary notifications to management, supervisor and employees.
- Distribute any paperwork including medical questionnaires and testing instructions to employees being tested.
- Ensure that an arrival contact will be available when Bio-Care arrives to direct them to the testing location.
- Ensure that the contact is available during the testing hours to assist with issues or questions that arise.
- Determine a parking location for the truck. Parking location should be level, accessible and in a low-noise area.
- Provide electrical power (single phase, 220 volts, 50 amps) to power Bio-Care's truck. Electrical receptacle should be located within 75 feet of the truck parking location.

Service Pricing

Product Name	Line Description	Sales Price	Quantity	Amount
Medical Examination - Fire Department: physical exam, vitals, medical history questionnaire, comprehensive blood panel, complete urinalysis with Micro, vision test, pulmonary function (PFT), and 12 lead resting EKG.	Pricing will increase to \$285.00 in 2020 and we will hold it for 2 years.	\$285.00	35.00	\$9,975.00
Audiometric Testing		\$10.00	35.00	\$350.00
Wellness Screening - Health Risk Appraisal Questionnaire		\$15.00	35.00	\$525.00
Chest X-Ray: PA (posteroanterior)		\$70.00	35.00	\$2,450.00
Travel Fee - Staff Travel and/or Overnight Hotel and Per Diem		\$250.00	3.00	\$750.00
Additional Testing Fee	Weekend	\$200.00	1.00	\$200.00
Travel Charge - Truck		\$100.00	1.00	\$100.00
				Total: \$ 14350.00

Payment for Services

1. An invoice for services will be sent to Karen Jones at kjones@hamburg.mi.us, PO Box 157, Hamburg, Michigan, 48139, United States.
2. Payment for services are due 30 days from the invoice date.
3. Payment will be made by Check .
4. If payment is not made within 30 days from the date(s) services are completed, a late fee of 2% will be assessed every 10 days.
5. You will be billed a minimum charge equal to 85% of the TOTAL on the Service Pricing under this agreement for scheduled services. It is your responsibility to ensure the number of services and/or number of testing dates is accurate.

Cancellation of Services or Agreement

Cancellation of this agreement, including the service date, without a 15 day written notification will result in a charge of 50% of the total price of services in this agreement.

Acceptance of Terms of Service

The signature below indicates acceptance to the terms of service under this Service Agreement. To accept this agreement, please type in your name in the box below, check the checkbox and click Submit.

Full Name

I have read and accept the
terms of this Service
Agreement ☐

Bio-Care Account Representative

If you have questions regarding this agreement, contact your Account Representative noted above. Your signed authorization is required before being placed on Bio-Care Inc.'s service testing schedule.

