

STATE OF LOUISIANA
PARISH OF OUACHITA

**PROFESSIONAL SERVICES AGREEMENT FOR PHYSICIAN
OVERSIGHT AND ADMINISTRATION OF FIREFIGHTER CANCER SCREENING**

This Professional Services Agreement (“Agreement”) for Physician Oversight and Administration of Firefighter Cancer Screening is entered into effective as of ____ day of _____, 2026, by and between:

THE CITY OF WEST MONROE (“City”), appearing herein through its Mayor, Staci Albritton Mitchell, duly authorized; and

OUACHITA MEDICAL CLINIC LLC (“Provider”) appearing herein through its duly authorized representative, Steven McMahan, M.D.

Purpose. Provider agrees to coordinate and oversee cancer screening services for eligible City employees (firefighters) in accordance with Louisiana law and City policies.

Scope of Services. Provider shall order approved cancer screening tests, review test results, contact and provide medical consultation to employees for positive findings and coordinate with the City regarding program administration.

Testing Operations. Blood draws will occur at City-designated locations. Phlebotomy services will be performed by a qualified vendor. Provider is responsible for ensuring vendor qualifications and compliance.

Compensation. City shall pay Provider \$30 per completed test for administrative services. Provider must submit monthly invoices. Payment shall be due within 30 days of receipt of invoice. City reserves the right to audit invoices.

Term and Termination. The initial term shall be one (1) year. It may be terminated by either party with 30 days written notice to the other, or immediately for cause (breach, legal noncompliance or funding loss).

Independent Contractor. Provider is an independent contractor and not an employee of the City.

Insurance. Provider shall maintain professional liability insurance with a minimum of \$1,000,000 per claim and general liability insurance with a minimum of \$1,000,000, with proof of insurance required prior to services.

Indemnification. Provider shall indemnify and hold harmless the City, its officials, and employees from any claims, damages, or liabilities arising out of medical services, testing procedures and negligence or errors.

HIPAA and Confidentiality. Provider shall comply with all HIPAA requirements.

No Employment Relationship with Employees. Provider shall not be deemed the primary care physician for any employee unless separately established by the employee.

Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Louisiana.

Entire Agreement. This document constitutes the entire agreement between the parties regarding the subject matter described herein and may only be modified in writing signed by both parties.

CITY OF WEST MONROE, LOUISIANA

OUACHITA MEDICAL CLINIC, LLC

By: _____

By: _____

Name: STACI ALBRITTON MITCHELL

Name: STEVEN MCMAHAN, M.D.

Title: Mayor of West Monroe

Title: _____

Date: _____

Date: _____