

INSTRUCTIONS FOR PREPARATION OF PROPOSALS

- A. Specific guidelines and purpose are clearly represented. The response to the RFP must include information as described below and as addressed in criteria.

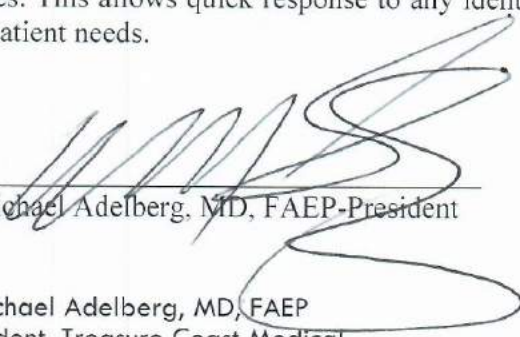
Qualification Information:

Treasure Coast Medical Associates, Inc.
3405 NW Federal Hwy
Jensen Beach, FL 34957
Contact J. Michael President, MD, FAEP
(334)360-2366 or (561)-371-6525
Fax (772) 232-9383
jma@tcmahealthcare.com & kadelberg@tcmahealthcare.com
www.tcmahealthcare.com

TCMAi is a physician owned and managed organization, founded by Dr. J. Michael Adelberg, MD, FAEP – President, an actively practicing, Board-Certified Emergency Physician, licensed in the state of Florida (as well as many other states), with more than thirty years of Emergency Department experience. He currently holds several professional appointments including Associate Professor of Medicine for Florida State University, Project Medical Director for Okeechobee County Fire Rescue, and Medical Director for All County Ambulance Services. In addition to these appointments, Dr. Adelberg continues to act as Regional Medical Director of all TCMAi managed Employee Health, Wellness, and Occupational Healthcare Clinics.

Employing over 100 healthcare professionals of all levels, TCMAi's staff are local medical professionals with experience in Health, Wellness, Occupational Health & Safety, Family Medicine, Workers Comp, Urgent Care, and Emergency Care.

TCMAi is organized and intentionally designed to facilitate clinical management oversight, on-site at our municipal partners' facilities. This allows quick response to any identified needs and / or modifications to procedures unique to both client and patient needs.



J. Michael Adelberg, MD, FAEP-President

05/20/2019

Date

J. Michael Adelberg, MD, FAEP
President, Treasure Coast Medical
Associates, Inc.
3405 NW Federal Hwy Jensen Beach,
FL, 34957
Phone: (561) 371-6525
(772) 692-8082
Fax: (772) 232-9383

- B. Organization. Such materials should be organized in the following format:
1. Cover letter including name, address, phone number, date of submission, name and number of this solicitation. (Not to exceed one (1) page.)

Cover Letter

Treasure Coast Medical Associates, Inc. (TCMAi) proposes to continue providing a Clinic for the City of Port St Lucie (the Client) to increase health benefits to the employees and lower the overall health insurance costs to the City of Port St. Lucie and taxpayers.

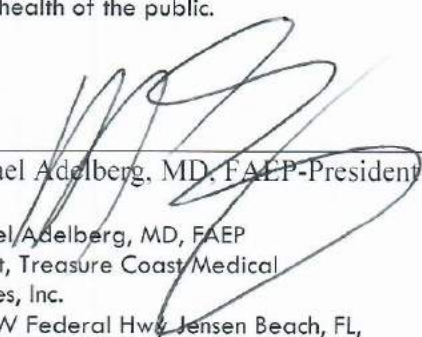
TCMAi seeks to do this by providing the best possible services at the most competitive cost.

TCMAi will lower health insurance costs by increased number and quality of health assessment screenings, more engaged and targeted wellness programs, constant wellness coaching, increased pharmacy services, and other services for employees and their dependents. The success of these services and costs will be calculated on an ongoing basis to ensure costs meet the City of Port St. Lucie's needs and avoid unforeseen expenses.

TCMAi believes that Participant engagement is crucial to the success of an employee health and wellness clinic. TCMAi will collaborate with the City of Port St. Lucie to produce and implement a robust strategic awareness program, at no additional cost. This awareness program will range from email blasts, to TCMAi staff meeting with employees, and helping suggest incentive programs for the City of Port St Lucie. TCMAi will also help track and report awareness and participation of their employees. This allows the City of Port St. Lucie to understand how to best expend resources and understand their return on investment.

TCMAi puts a portion of its own profits at risk in the form of a performance guarantee.

TCMAi also invests in the health of the employees of clients and the process of bringing wellness to all. To demonstrate this commitment to teaching the importance of health and wellness and mitigating unhealthy behavior. The award of the performance guarantee will be entirely contingent on the satisfaction of the Client as determined by a mutually agreed set of metrics. TCMAi is willing to use almost any metric: clinical, financial, or perceptive, to determine whether a satisfactory standard was met. TCMAi takes seriously the role of healthcare providers with an obligation to mitigate costs to taxpayers while raising the general health of the public.



J. Michael Adelberg, MD, FAEP-President

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05/20/2019

Date of submission

2.

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3.

Executive summary

This section should include the Firm's overall concept of the working relationship that will be required to successfully complete this project. The proposer shall provide an executive summary narrative containing information that indicates an understanding of the overall need for and purpose of the services presented in the RFP

TCMAi is the current vendor supplying management services to the City Port St. Lucie Employee Health Center. For the last 7 years, TCMA and the City of Port St. Lucie have enjoyed a productive relationship. It's our full intention to continue to develop the productivity of this relationship by further improving several key performance areas (KPI's) essentially related to accessibility & utilization of the clinic, accountability of our staff, and the accuracy of our reports. We plan to achieve this by improving in the areas listed below.

- Quarterly Meetings with TCMAi and the City of Port St. Lucie to review performance reports, as well as have an opportunity to discuss feedback, concerns, or ideas.
- Updating and implementing a process for Pre-Employment Physicals & Workers Compensation Physical's.
- Improving our systems programming which will increase through-put time. This will also open accessibility for the patients.
- Continuous education with the clinical staff with an emphasis on patient satisfaction and customer service.
- Implementation of a marketing plan that will include more outreach programs, and marketing materials.
- The continuation of prioritizing on maintaining a stable staffing model.

TCMAi proposes to continue providing a Clinic for the City of Port St Lucie to increase health benefits to the employees and lower the overall health insurance costs to the City of Port St Lucie and taxpayers.

TCMAi seeks to do this by providing the best possible services at the most competitive cost.

4.

Quality, experience, capabilities, resources and key differentiators. All assigned staff experience.

TCMAi has a strict Quality Assurance Program for the establishment and operation of an employee clinic to provide healthcare services. A strict Quality Control Program and constant communication between TCMAi Administration and the designated municipal administrator will ensure accountability of all TCMAi employees, satisfaction of the City of Port St. Lucie that the Scope of Services are being met, and continual assessment of project progress so any necessary changes can be brought to the immediate attention of both parties and changes implemented before deficiencies in service arise.

TCMAi Administration, or appointed operations designee will liaise with the City of Port St Lucie and act as Point of Contact to periodically discuss performance, review periodic reports, and for immediate resolution of any performance issues the City of Port St Lucie may have. This designee will have the responsibility of responding to all inquiries in a timely manner, as well as report to the City of Port St Lucie within a period to be determined by the City of Port St Lucie.

TCMAi will designate a Quality Assurance Officer from Finance & Operations who will be responsible for maintaining a Quality Assurance Program for the project which includes defined goals, quarterly audits, and a Corrective Action Plan for rectifying deficiencies.

Once a week TCMAi Administration will review the project timetables, Clinic data, meet with staff and will give a progress report to TCMAi Regional Medical Director. Periodically the Quality Assurance Officer will evaluate procedures, communications, projected goals, documentation, review the City of Port St Lucie feedback, and Employee satisfaction surveys. In the unlikely event deficiencies in service should arise, the Quality Assurance Officer will assist Clinic Staff in creating a corrective action plan to meet the requirements of the scope of work. Quality Control will be done through auditing Clinic reports. TCMAi has a wide range of push management reports we make available to the City of Port St. Lucie. TCMAi can customize reports to compare dozens of key performance indicators as often as the City of Port St. Lucie sees fit.

TCMAi employs specialists in Health, Wellness, Occupational Health & Safety, Medicine, Urgent Care, and Emergency Care. These expert's partner with clients to develop and operate Employee Health, Wellness, and Occupational Healthcare Clinics for Municipalities, School Boards, Utilities, and Private Corporations. TCMAi also operates Urgent Care Clinics which provide standard health services and on-site health screenings. Additionally, TCMAi administers Health Risk Assessments compiling data for clients to develop wellness programs. These programs mitigate the risk of costly employee health issues. TCMAi has experience in developing physical screening requirements for police and fire officers, a process that requires expertise in liaising with professional organizations and risk management personnel. Depending on the City of Port St Lucie's needs, Employee Clinics are staffed with Medical Directors, Family Practice Physicians, Emergency Physicians, Occupational Healthcare Physicians, Advanced Register Nurse Practitioners, Physicians Assistants, Health & Wellness Coaches, and Supporting Staff. TCMAi never outsources medical providers.

All assigned Staff experience:

Regional Medical Director

TCMAi Proposes J. Michael Adelberg, MD, FAEP President as Regional Medical Director and Principal-in-Charge of the Employee Health Clinic and related services for the City of Port St Lucie.

Dr. Adelberg is a graduate of the University of Western Ontario, in London, Ontario, Canada. He completed his residency in Emergency Medicine at Medical College of Ohio, in 1987. Dr. Adelberg has been practicing medicine for over thirty years and licensed in nine states and the Province of Ontario, Canada. His certifications include: Emergency Medicine, Advanced Cardiac Life Support, Advanced Trauma Life Support, and Opiate Treatment Certification. Dr Adelberg is an expert outside of the Emergency room as well, with years of experience in the management of employee clinics and urgent care facilities.

Currently, Dr. Adelberg acts as subject matter expert on the establishment and operation of Employee Health, Wellness, and Occupational Health & Safety Healthcare Clinics. He is the President of TCMAi and its affiliates, actively involved in all levels of their operation, including; occupational health & safety clinics which perform worker's compensation and preventive care. He is an airline transport pilot and operates the company aircraft in order to provide quick response to our client facilities.

On-Site Clinical Manager

TCMAi Proposes Lynda Rivers as the On-Site Clinical Manager. Lynda received her ADN in Nursing at Broward College. She then we back to receive her BSN in Nursing from Chamberlain College of Nursing in March 2015. Lynda graduated with her MSN in FNP in October of 2017 from Chamberlain College of Medicine.

Lynda worked as an Emergency Room Nurse from Broward General Hospital from May 2003 until September 2005. In September 2005, Lynda accepted a position as an Emergency Room Charge Nurse at Memorial West Hospital, where she would spend the next 10 years of her career. In August of 2015, Lynda accepted a position as an Emergency Room Charge Nurse for Wellington Regional Memorial Hospital. Upon receiving her ARNP license, Lynda moved to Total MD in January 2018. In November of 2018, Lynda accepted a position with TCMAi and was quickly promoted to be the On-Site Clinical Manager for TCMAi/ PSL Medical Providers, Inc.

On-Site Physician

TCMAi Proposes Maria Martone, DO joined TCMAi/ WPB Medical Provider, Inc in December of 2013. Dr. Martone is a graduate of Nova Southeastern University. She currently holds her Florida Medical License, Emergency Medicine Certification, ACLS, PALS, and ATLS licenses.

Dr. Martone has been affiliated Martin Memorial Medical Center, St. Lucie Medical Center, Columbia Hospital, Jersey Shore Medical Center, and TCMAi/ PSL Medical Providers.

The types of medical issues that can be addressed on-site.

- Primary care - All Acute and Chronic conditions including but not limited to:
 - Hypertension
 - Hyperlipidemia
 - Diabetes
 - Asthma, COPD
 - Vitamin Deficiency
 - Obesity
 - Depression
 - Health risk assessments
 - Well Woman Exams including pap tests
 - Physical Exams and screenings
 - Weight Management
 - Hormone Management
 - Quick MA visits for blood glucose and blood pressure checks
 - All chronic diseases are monitored and treated by the health center according to national guidelines
- Prescriptions and pharmaceutical dispensing
- Primary care case management
- Acute Care
 - Nonspecific abdominal pain,
 - Nonspecific chest pain,
 - Minor injuries (lacerations, abscesses, burns, illnesses, follow up care),
 - Fractures, Sprains, Strains (including splint application),
 - Extremity injury,
 - Rashes and skin conditions,
 - Genitourinary illnesses,
 - Coughs, flu, allergies, and sinus illnesses,
 - Minor head injuries (Eye/Ear injuries)
 - Back and neck pain
 - Ear Irrigation
 - Minor surgical procedures
 - IV fluid infusion
 - Cryotherapy
- Occupational medicine
 - Pre-Employment Exams
 - Fit For Duty Exams
 - FMLA Exams
 - Mask Fit Testing
 - PPD Testing
 - Post Offer Employment Testing
 - DOT- Department of Transportation Exams
 - Urine Drug Screens
 - Breath Alcohol Testing
 - Cardiac Stress Tests
 - Workman's Compensation Exams
- Ancillary Services
 - Lab Draws
 - Immunizations
 - Ultrasound

- X-ray
- B12 Injections
- EKG Testing

On-Site Pharmacy

TCMAi clinics dispense medication from an on-site pharmacy. Formularies are tailored based on the need of the employees and the practice style of the providing physicians. In addition, we collaborate with the group health plan and run a cost analysis to see if the proposed formularies are financially advantageous to the City of Port St. Lucie.

TCMAi will stock the pharmacy with as many Tier 1 drugs as is practical. This determination will be made by TCMAi's medical expert collaborating with the relevant City of Port St. Lucie designee.

Advantages of the pharmacy include: employees pay no co-pay for pharmacy medication, they can receive medication during the same visit, medications are provided as 90-day refills when feasible. TCMAi clinics can e-prescribe, and the only pharmacy costs to the City of Port St. Lucie are pass-through costs. TCMAi strives to obtain best value pricing for medications to ensure our clients pay the most competitive price for medication.

TCMAi currently uses Dispensing RX System, which is a fully integrated software system that tracks all medication dispensed along with all lot numbers to allow for tracking. Functions of Dispensing RX System include; system alerts when stock is low, and safety features such as, alerting the provider if there is any interaction (the system will not dispense until it is addressed).

The claims filing process for dispensed medications will be managed by clinic staff and represented transparently on the pass-through costs billed to the City of Port St. Lucie.

The scope of medications dispensed onsite will include:

- Allergy, flu and cold medications
- Antibiotics
- Arthritis
- Asthma medication
- Cholesterol lowering agents
- Diabetes medications and supplies
- Ear health
- Anti-fungal agents
- Gastrointestinal health
- Glaucoma and eye care
- Heart health & blood pressure medications
- Mental health agents
- Skin conditions
- Thyroid medication
- Anti-viral medications
- Vitamins and nutritional health
- Women's health medications
- Anti-inflammatories (e.g., Prednisone, Medrol dose packs)
- Smoking cessation medications

5.

Firm's response, approach, and philosophy for approaching the Employee Medical Clinic project.

TCMAi has 7 plus years' experience managing Employee Health and Wellness Clinics. Employing over 100 healthcare professionals of all levels, TCMAi's staff are local medical professionals with experience in health and wellness, family medicine, occupational health and safety, workers comp, urgent care, and emergency care. TCMAi is organized and intentionally designed to facilitate clinical management oversight, on-site at our municipal partners' facilities. This allows quick response to any identified needs and / or modifications to procedures unique to both the City of Port St Lucie and patient needs.

TCMAi will lower health insurance costs by delivering quality health assessment screenings, engaged and targeted wellness programs, constant wellness coaching, pharmacy services, and other services for employees and their dependents. The success of these services and costs will be calculated on an ongoing basis to ensure costs meet the City of Port St Lucie's needs and avoid unforeseen expenses.

Pharmacy

TCMAi clinics dispense medication from an on-site pharmacy. Formularies are tailored based on the need of the employees and the practice style of the providing physicians. In addition, we collaborate with the group health plan and run a cost analysis to see if the proposed formularies are financially advantageous to the City of Port St Lucie.

Patient Portal

Employees who sign up for the patient portal will have the ability to message Medical providers directly and access any medical information on visit notes, medicine, lab results, appointment calendar, and other relevant information; TCMAi recommends this method to communicate with employee's providers.

Employee Communication Plan

TCMAi has a comprehensive employee communication plan to maintain constant contact with eligible persons including On-Site Presentations, Health and Wellness Fairs, Open Enrollment, Telephone Calls, Email Blasts, Text Alerts, Direct Mail, and the Patient Portal. Appointment reminders will be sent by text alert, email, or a phone call. Patient satisfaction surveys will also be given to patients at each visit. TCMAi sends a monthly newsletter, as well as continuous marketing materials to keep patients well educated and informed.

TCMAi strongly believes that utilization of the Clinic is crucial for the success of the clinic. Before opening a clinic, members of our team visit your employees to explain the services and benefits of the Clinic. We continue to do on-site presentations throughout the program period. We also provide a Patient Handbook for all new hires of the City of Port St. Lucie that will educate the new hire on the benefits of visiting the Clinic.

After Hours Answering Service

TCMAi has an afterhours answering service that sends a message directly to a Provider so that patients can get advice on what direction their care needs to take during this time period to minimize visits to the emergency room.

Convenience

TCMAi has 3 Urgent Care locations located in Jensen Beach, FL., Okeechobee, FL., and Sebring, FL. that would be available to the City of Port St Lucie employees, dependents, and retirees, at no additional cost to the City of Port St Lucie. These Urgent Cares are open seven days a week.

TCMAi has a fully operational Mobile Unit that includes 2 exam rooms and a full lab to conduct Occupational Healthcare to include Random Drug Screening with Chain of Custodies, Stress Test, EKGs, Physicals, and Lab Draws. We can bring the Occupational Healthcare to the worksite to reduce your employees time away from work.



6.

Firm's current contracts for like projects.

City of West Palm Beach
401 Clematis St
West Palm Beach, FL 33401



The School Board of Highlands County
426 School Street
Sebring, FL 33870



Okeechobee School Board
700 SW 2nd Avenue
Okeechobee, FL 34974



Okeechobee County
304 NW 2nd Street, Room 103
Okeechobee, FL 34972



City of Okeechobee
55 SE 3rd Avenue, Suite 102
Okeechobee, FL 34974



Okeechobee Utility Authority
100 SW 5th Ave
Okeechobee, FL 34974



7.

Firm's address of its local and national office.

Treasure Coast Medical Associates, Inc.
3405 NW Federal Hwy
Jensen Beach, FL 34957

Company Name for the contract:
PSL Medical Provider, Inc.
3405 NW Federal Hwy
Jensen Beach, FL 34957

8.

**Prior litigation, arbitration, and professional claims, including those involving the City.
Any pending agreements to merge or sell your company.**

There is not any past, present, or pending arbitration or claims, including any involving the City.
There are not any pending agreements to merge or sell the company.

9.

References for similar projects within the last two (2) years

Note: The City of Port St. Lucie "may not" be used as a reference if you are currently doing business with the City.

Reference 1:

**City of West Palm Beach
401 Clematis St
West Palm Beach, FL 33401
Jennifer Chripczuk
Benefits Officer
(561)494-1013
jchripczuk@wpb.org**

Description:

TCMAi in partnership with the City of West Palm Beach manages the City's Health and Wellness Clinic which services 1,600 City employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- i. Basic Primary Care,
 - ii. Medication Dispensing,
 - iii. Wellness, Nutrition, and Disease Management Programs,
 - iv. Urgent Care Services,
 - v. Occupational Health Services,
 - vi. Pre-Employment Drug Testing,
 - vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
 - viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
- Performance Period: 2013 – Present

Reference 2:

The School Board of Highlands County

426 School Street

Sebring, FL 33870

Richard Birt

Finance Director

(863)449-0669

Birtr@highlands.k12.fl.us

Description:

TCMAi in partnership with the School Board of Highland County manages the School Board's Health and Wellness Clinic which services 1,400 School Board employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- i. Basic Primary Care,
- ii. Medication Dispensing,
- iii. Wellness. Nutrition, and Disease Management Programs,
- iv. Urgent Care Services,
- v. Occupational Health Services,
- vi. Pre-Employment Drug Testing,
- vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and

- viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: 2018– Present

Reference 3:

Okeechobee School Board

700 SW 2nd Avenue

Okeechobee, FL 34974

Ken Kenworthy

Superintendent

(863) 462-5000 ext. 226

Fax (863)462-5151

vinsons@okee.k12.fl.us

Description:

TCMAi provides medical services to all 850 Okeechobee School Board employees, their dependents, and retirees through the Okeechobee Urgent Care location. In addition to the Scope of Services described in this

RFP TCMAi provides the following services:

- i. Basic Primary Care,
- ii. Medication Dispensing,
- iii. Wellness. Nutrition, and Disease Management Programs,
- iv. Urgent Care Services,
- v. Occupational Health Services,
- vi. Pre-Employment Drug Testing,
- vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: July 2013 – Present

Reference 4:

Okeechobee County
304 NW 2nd Street, Room 103
Okeechobee, FL 34972
Mariah Anuez
Human Resource/Risk Management Director
(863) 763-9312 ext. 3
Fax (863)763-0118
manuez@co.okeechobee.fl.us

Description:

TCMAi provides medical services to all 600 Okeechobee County employees, their dependents, and retirees through the Okeechobee Urgent Care location. These Health and Wellness services include the entire Scope of Service including:

- i. Basic Primary Care,
 - ii. Medication Dispensing,
 - iii. Wellness. Nutrition, and Disease Management Programs,
 - iv. Urgent Care Services,
 - v. Occupational Health Services,
 - vi. Pre-Employment Drug Testing,
 - vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
 - viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
- Performance Period: October 2017 – Present

Reference 5:

City of Okeechobee
55 SE 3rd Avenue
Suite 102
Okeechobee, FL 34974
Marcos Montes De Oca
City Administrator
(863) 763-9812
Fax (863)763-1686
marcos@cityofokeechobee.com

Description:

TCMAi provides medical services to all 165 City of Okeechobee employees, their dependents, and retirees through the Okeechobee Urgent Care location. These Health and Wellness services include the entire Scope of Service including:

- i. Basic Primary Care,
 - ii. Medication Dispensing,
 - iii. Wellness. Nutrition, and Disease Management Programs,
 - iv. Urgent Care Services,
 - v. Occupational Health Services,
 - vi. Pre-Employment Drug Testing,
 - vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
 - viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
- Performance Period: October 2017 – Present

Reference 6:

Okeechobee Utility Authority
100 SW 5th Avenue

Okeechobee, FL 34974
Janet McKinley
Assistant Finance Director
(863) 763-9460 Ext. 112

Description:

TCMAi provides medical services to all 152 Okeechobee Utility Authority employees, their dependents, and retirees through the Okeechobee Urgent Care Location. These Health and Wellness services include the entire Scope of Service including:

- i. Basic Primary Care,
 - ii. Medication Dispensing,
 - iii. Wellness. Nutrition, and Disease Management Programs,
 - iv. Urgent Care Services,
 - v. Occupational Health Services,
 - vi. Pre-Employment Drug Testing,
 - vii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
 - viii. Initial Worker's Compensation Evaluation, Completed DWC-25.
- Performance Period: October 2017 – Present

9.

Management Plan

This section shall describe the Firm's detailed plans for accomplishing the objectives of the projects. It should include methods for planning, organizing, scheduling, coordinating, and administering the total effort. Explain the overall approach to the project. A submission of sample tables and graphs that are reflective of the survey work typically performed by the consultant should be included in the proposal.

COMPREHENSIVE IMPLEMENTATION PLAN

PROJECT MANAGEMENT

The operation of the Port St Lucie On Site Medical Clinic will continue be managed On-Site by the Clinical Manager of the clinic. Operation of the clinic will be closely managed by weekly conferences between the Medical Director and the On-site Clinical Manager, as well as daily and weekly meetings between the On-Site Clinical Manager and the remaining Clinical Staff. Through an open-door policy with the On-Site Clinical Manager and a communicative Quality Assurance Program, TCMAi can quickly adapt to dynamic patient needs, changing demographics, and the City of Port St. Lucie's concerns.

RESPONSIBILITIES:

Regional Medical Director:

The Regional Medical Director will act as subject matter expert and point of contact between Employee Clinic staff and TCMAi Operations. Through the Regional Medical Director's expertise, TCMAi can ensure any information given to the City of Port St Lucie will be medically accurate and reflect information obtained directly from medical providers who staff the clinic. The Regional Medical Director will give his expert opinion on medical supply stock / equipment, services, build-out (if necessary), and report any information regarding proposed staff. The Regional Medical Director will be the principle expert involved in the set-up / transition of the clinic.

In the operation of the clinic; it will be the responsibility of the Regional Medical Director to ensure timely and thorough communication with TCMAi's Operations to ensure default never occurs, as well as oversight of the On-Site Clinical Manager. It will

be the responsibility of the Regional Medical Director to correct any defective service brought to TCMAi's attention, whether by the Client, the Quality Assurance Officer, or self-reported by staff or the On-Site Clinical Manager.

On-Site Clinical Manager:

The On-Site Clinical Manager will be responsible for ensuring all staff perform in compliance with the City of Port St. Lucies proposed procedures and perform all services to TCMAi's standard. The On-Site Clinical Manager will be responsible for communicating with all staff and patients to ensure any changes required to services or operation of the clinic are brought to the attention of all parties. The On-Site Clinical Manager will also be responsible for reporting weekly to the Regional Medical Director and supply progress reports of all project goals.

Operations:

Operations will be responsible for designation and oversight by the Quality Assurance Officer. Operations will act as point of contact with whomever the City designates as liaison for the proposed project. Operations was chosen for Point of Contact instead of Regional Medical Director or On-Site Clinic Manager due to their ability to be responsive to the City of Port St. Lucies requests faster than medical providers in the performance of their duties. Policies regarding responsiveness will be based on the City of Port St. Lucie policies and procedures, as well as TCMAi Quality Assurance policies.

Quality Assurance Officer:

TCMAi will designate a senior staff member from Operations as Quality Assurance Officer. This person will be responsible for communicating with the Regional Medical Director, On-Site Clinical Manager, or Clinical Staff as necessary. Through auditing documentation, communications, and Quality Assurance visits, they will ensure the Clinic meets project standards at all times. Quality Assurance Officers are also empowered to require staff to complete Corrective Action Plans when deficiencies are discovered and Corrective Action enforcement up to and including replacing staff with the consent of the Regional Medical Director.

Clinical Staff:

All other staff will have responsibilities outlined in their policies and procedures. Those will include ensuring they meet their job duties, conform to all relevant City policies and procedures, ensure all patient issues are properly documented and reported to the Clinical Manager, and self-report any defective services that come to their attention.

TCMAi's will continue to operate the City of Port St Lucie On-Site Medical Clinic with consistent communication and accountability through a strict Quality Assurance Program, strict adherence to the Timetable listed below, consistent follow-up with all communications, quick corrective actions, and proper documentation of all actions taken. This transparent and accountable methodology will ensure compliance with Client requirements and no lapse in service.

Next, properly preparing a clinic to be as prepared as possible to treat the medical issues of the employee population is essential to ensuring they receive the most appropriate care possible. This can happen in several ways including: medical providers with the proper training and experience, properly stocked pharmacy, properly prepared wellness literature, or strategically planned health fair events that cater to the health needs of the population.

The Quality Assurance Program will outline proper protocol for reporting any deficiency of service by TCMAi staff to an assigned Project Quality Assurance Officer. During each stage, it is vital that TCMAi Operations maintain Quality Assurance through proper monitoring and open communication with local staff and designated City of Port St. Lucie personnel.

While the last stage of this methodology will represent the most important (actual care for the patients), it is equally important to have proper data and documentation. Communication about the services and data regarding all aspects of the health of employees will allow resources and expertise to be re-deployed in the most effective way possible. Once data is evaluated

(whether by the clinical staff, Medical Director, Quality Assurance, or the City of Port St. Lucie itself), re-evaluation and re-deployment of resources can take place.

EMPLOYEE AWARENESS PROGRAM

A thorough employee communication plan with constant reinforcement by both employer and healthcare provider is only one factor of TCMAi’s Employee On-Site Clinic Awareness Program. TCMAi considers participant engagement and trust to be of the utmost importance to the success of an on-site clinic and will consult with the City of Port St. Lucie to devise and implement a robust participant engagement and awareness plan, at no additional cost. A program to raise awareness will include emails, attending health fairs, mail-outs, brochures and fliers, and on-site visits to draw labs for health risk assessments (HRAs) to encourage participation and explain the benefits of participating in a wellness program.

TCMAi has a comprehensive employee communication plan including telephone, email, text alert, certified mail, and patient portals. The communication plan will begin with an on-site visit to explain the benefits of signing up for the email list, text alerts, and patient portal. Employees will be asked to provide contact information upon initial visit, will receive email and text alerts between follow-ups, and should they not respond will be sent by mail. Employees who sign up for the patient portal will have the ability to message Medical providers directly and access any medical information on visit notes, medicine, and other relevant information.

The entire employee communication plan will be supplemented by the office answering service. At any time; employees will be welcome to call the office which can answer questions, schedule appointments, and leave messages for providers.

Awareness Program:
Marketing plan briefing
Design / Print signage
Send multiple email blasts
Attend local health fairs
Attend staff meetings
Send mail-outs to employees and dependents

To successfully implement this timeline, utilization of the clinic would be augmented if the City of Port St. Lucie were to assist in providing access to the following:

- A list of eligible employee’s email addresses for mailing lists.
- Schedule time for TCMAi to attend Staff meetings to educate eligible employees on the services provided at the Clinic.
- Placement of signage and brochures (break rooms, work sites, etc.)
- Times, dates, estimated number of employees to attend health fairs.
- An exhibit at the health fair.

10.

Current Contracts

This section should show obligations that could pose a potential conflict of interest and any current City contracts in effect.

TCMAi does not have any obligations that could pose a potential conflict of interest, nor do they have any existing contracts that would pose a conflict of interest from the result of TCMAi managing the Clinic for the City of Port St. Lucie.

Below is a list of our current Municiple Employee Health and Wellness Contracts.

Reference 1:

City of West Palm Beach
401 Clematis St
West Palm Beach, FL 33401
Jennifer Chripczuk
Benefits Officer
(561)494-1013
jchripczuk@wpb.org

Description:

TCMAi in partnership with the City of West Palm Beach manages the City's Health and Wellness Clinic which services 1,600 City employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- ix. Basic Primary Care,
 - x. Medication Dispensing,
 - xi. Wellness. Nutrition, and Disease Management Programs,
 - xii. Urgent Care Services,
 - xiii. Occupational Health Services,
 - xiv. Pre-Employment Drug Testing,
 - xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and
 - xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
- Performance Period: 2013 – Present

Reference 2:

The School Board of Highlands County
426 School Street
Sebring, FL 33870
Richard Birt
Finance Director
(863)449-0669
Birtr@highlands.k12.fl.us

Description:

TCMAi in partnership with the School Board of Highland County manages the School Board's Health and Wellness Clinic which services 1,400 School Board employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- ix. Basic Primary Care,
- x. Medication Dispensing,
- xi. Wellness. Nutrition, and Disease Management Programs,
- xii. Urgent Care Services,

- xiii. Occupational Health Services,
- xiv. Pre-Employment Drug Testing,
- xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and

- xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: 2018 – Present

Reference 3:

Okeechobee School Board

700 SW 2nd Avenue

Okeechobee, FL 34974

Ken Kenworthy

Superintendent

(863) 462-5000 ext. 226

Fax (863)462-5151

vinsons@okee.k12.fl.us

Description:

TCMAi provides medical services to all 850 Okeechobee School Board employees, their dependents, and retirees through the Okeechobee Urgent Care location. In addition to the Scope of Services described in this

RFP TCMAi provides the following services:

- ix. Basic Primary Care,
- x. Medication Dispensing,
- xi. Wellness. Nutrition, and Disease Management Programs,
- xii. Urgent Care Services,
- xiii. Occupational Health Services,
- xiv. Pre-Employment Drug Testing,
- xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: July 2013 – Present

Reference 4:

Okeechobee County

304 NW 2nd Street, Room 103

Okeechobee, FL 34972

Mariah Anuez

Human Resource/Risk Management Director

(863) 763-9312 ext. 3

Fax (863)763-0118

manuez@co.okeechobee.fl.us

Description:

TCMAi provides medical services to all 600 Okeechobee County employees, their dependents, and retirees through the Okeechobee Urgent Care location. These Health and Wellness services include the entire Scope of Service including:

- ix. Basic Primary Care,
- x. Medication Dispensing,
- xi. Wellness. Nutrition, and Disease Management Programs,
- xii. Urgent Care Services,
- xiii. Occupational Health Services,
- xiv. Pre-Employment Drug Testing,

- xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: October 2017 – Present

Reference 5:

City of Okeechobee

55 SE 3rd Avenue

Suite 102

Okeechobee, FL 34974

Marcos Montes De Oca

City Administrator

(863) 763-9812

Fax (863)763-1686

marcos@cityofokeechobee.com

Description:

TCMAi provides medical services to all 165 City of Okeechobee employees, their dependents, and retirees through the Okeechobee Urgent Care location. These Health and Wellness services include the entire Scope of Service including:

- ix. Basic Primary Care,
- x. Medication Dispensing,
- xi. Wellness. Nutrition, and Disease Management Programs,
- xii. Urgent Care Services,
- xiii. Occupational Health Services,
- xiv. Pre-Employment Drug Testing,
- xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: October 2017 – Present

Reference 6:

Okeechobee Utility Authority

100 SW 5th Avenue

Okeechobee, FL 34974

Janet McKinley

Assistant Finance Director

(863) 763-9460 Ext. 112

Description:

TCMAi provides medical services to all 152 Okeechobee Utility Authority employees, their dependents, and retirees through the Okeechobee Urgent Care Location. These Health and Wellness services include the entire Scope of Service including:

- ix. Basic Primary Care,
- x. Medication Dispensing,
- xi. Wellness. Nutrition, and Disease Management Programs,
- xii. Urgent Care Services,
- xiii. Occupational Health Services,
- xiv. Pre-Employment Drug Testing,
- xv. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xvi. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: October 2017 – Present

11.

Firm's Location.

This section should include a statement that shows the consultant's knowledge of local circumstances; the customer base in the area, along with market knowledge of the City's services, customers and taxpayers.


TCMAi is the current vendor supplying management services to the City Port St. Lucie Employee Health Center. For the last 7 years, TCMA and the City of Port St. Lucie have enjoyed a productive relationship.

TCMAi feels that due to the successful relationship that they are very knowledgeable of local circumstances, the customer base area, along with market knowledge of the City's services, customers and taxpayers.

12.



Firm's Work Plans

This section should include, but is not limited to, all reports derived from the study to achieve the deliverables as outlined in the scope of work for a successful customer / market analysis. Proposers should provide a response to each task outlined in the SCOPE OF SERVICES.



City of Port St. Lucie Employee Health Center (EHC) Return on Investment

Presented By:
Dustin Kuehn, Senior Benefit Consultant



EHC Services & Programs

Scope of Services:

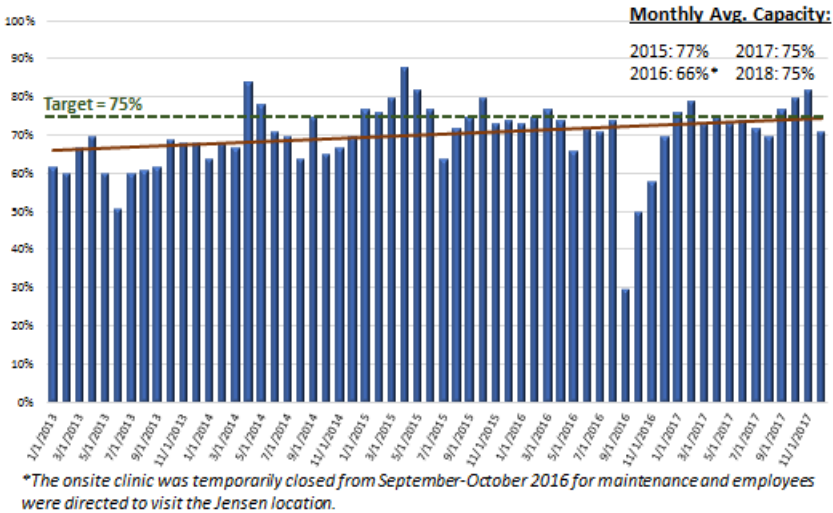
- Primary Care
- Acute & Chronic Care
- Physicals (Pre & Post Employment)
- Occupational Health & Workers Compensation
- Hearing & Drug Tests
- Medication Dispensing

Wellness & Education Programs (not limited to):

- Skin lesion information
- Heat exhaustion
- Herbal and prescription drug interaction warnings
- Dieting tips and information
- Vitamin D education
- Health Fair participation
- Flu shot, blood pressure test, blood glucose test events
- Mammogram screenings
- Tips to deal with stress, loneliness, and anxiety
- Smoking Cessation & Alcohol abuse


2


EHC Utilization by Month



Employee Experience

- **Performance Guarantee Criteria:**
 1. Mitigation of emergency room (ER) visits (<2% of clinic visits)
 2. Increased / maintained level of clinic visits per day
 3. Billing Accuracy (>95%)
 4. Patient Satisfaction Survey (>70%)
- **Performance Guarantee Results (since 2013):**
 - ✓ Medical plan ER visits have averaged 1.2% of total clinic visits
 - ✓ TCMA has achieved an average annual visit per day increase of 11.9%
 - ✓ Billing accuracy has averaged 97.07%
 - ✓ Employees have rated TCMA at an average satisfaction score of 99%

Since the establishment of the agreement, TCMA has achieved 100% of the eligible performance bonus.



January '15 – April '18 Return on Investment Analysis

Item	EHC Utilization as Reported	Average FI Blue Plan Cost	Cost Avoidance	Average EHC COST	Total EHC Cost	Return on Investment
Acute/Episodic	12,961	\$115	\$1,498,647	\$106	\$1,398,621.15	1.07:1
Wellness/Chronic	10,651	\$115	\$1,219,438	\$106	\$1,158,508.82	1.05:1
Physicals/School/Pre Employment	962	\$115	\$101,104	\$106	\$109,372.67	0.92:1
Laboratory	3,219	\$160	\$519,151	\$55	\$176,398.29	2.94:1
Occupational Health & Randoms	2,549	\$771	\$1,964,846	\$106	\$276,327.39	7.11:1
Worker's Compensation	1,155	\$115	\$130,067	\$106	\$126,316.05	1.02:1
Prescriptions	30,339	\$129	\$3,899,079	\$9	\$246,526.80	15.8:1
Subtotal			\$9,332,332		\$3,492,071	2.67:1
Employee Savings	28,278 @ \$20 PCP 30,339 @ \$10 Rx		\$565,560 \$303,390			
Total Savings			\$10,201,282		\$3,492,071	2.92:1



13.

Prior Litigation, Arbitration, and Claims, Including with City

This section should list all professional related litigation, arbitration or claims involving your Firm and sub-contractors, inclusive of any litigation, arbitration or claims involving the City of Port St. Lucie, St. Lucie County.

There is not any past, present, or pending litigation, arbitration or claims involving our firm and sub- contractors, inclusive of any litigation, arbitration or claims involving the City of Port St Lucie, St

14.

Other Material.

Please include any additional material that may assist the City in evaluating the proposals and approach to the project. Pre-printed advertisements, brochures, and promotional material may be attached as additional information, but shall not serve as a substitute for a specific response. Attachment of brochures instead of the written response request will be grounds for disqualification or devaluation. A simple “yes” or “no” answer alone will not be acceptable unless clearly requested; an explanation shall be provided for each question/issue listed in this response outline. However, clarity and brevity of presentation, not length, will be favorably considered.

EMPLOYEE HEALTH CENTER

Employee Wellness is our mission.

January 2019

NATIONAL DRUG AND ALCOHOL FACTS WEEK Jan. 22-27

DID YOU KNOW... Mixing alcohol and medicines can be harmful. Alcohol, like some medicines, can make you sleepy or lightheaded. Drinking alcohol while taking medicines can intensify these effects. You could may have trouble concentrating or performing mechanical skills. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines you put yourself at a greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people.

Medications typically are safe & effective when used appropriately. Your pharmacist or other health care provider can help you determine which medications interact harmfully with alcohol.

PRESCRIPTION DRUGS Taking prescription drugs not prescribed for you, can be more dangerous than you think. In fact, it can be fatal. Prescription drugs are the third most commonly abused category of drugs, behind alcohol. Some prescription drugs can become addictive, especially when used in a manner inconsistent with their labeling by someone other than the patient they are prescribed for, or when taken in a manner or dosage other than prescribed. Overall, an estimated 48 million people have abused prescription drugs, with that number representing nearly 20% of the U.S. population.

Learn more at www.ncadd.org



THYROID AWARENESS MONTH

Millions of people suffer the symptoms of thyroid dysfunction without ever knowing why. Here are 10 critical things you should know now.

by All Grunevold in "Repair Your Thyroid" (November 2012).

1. The thyroid is a butterfly-shaped gland in the neck that controls metabolism and energy, and is hailed as the "master gland" of our complex endocrine system. It produces several hormones that transport energy into every cell in the body vital for feeling happy, warm, and lithe. The gland acts as boss of our metabolism.
2. Symptoms of hypothyroidism include weight gain and fatigue, constipation, depression, low body temperature, sleep disturbances, difficulty concentrating, edema (fluid retention), hair loss, infertility, joint aches and light sensitivity.
3. It's estimated that hypothyroidism, or underactive thyroid, affects more than 30 million women and 15 million men. (Hyperthyroidism, or overactive thyroid, is much less common.)
4. The most common cause of hypothyroidism is Hashimoto's thyroiditis, an autoimmune condition that causes the body to attack its own thyroid tissue.
5. Hashimoto's is one of the most common autoimmune diseases in the United States. When a person has Hashimoto's, antibodies specifically attack and damage his or her thyroid tissue.
6. Patients with hypothyroidism suffer from symptoms rarely traced to a sluggish thyroid. If you're feeling blue or unmotivated = antidepressant. If you're constipated = laxative. If you're having difficulty sleeping = sleep aid. The list goes on.
7. Thyroid experts often advise to cut gluten from the diet and eat foods with thyroid-friendly vitamins and minerals, such as vitamin D, iron, selenium, and zinc.
8. Some people need thyroid drugs to treat Hashimoto's. In some cases, medication is required indefinitely, especially when Hashimoto's has gone undiagnosed and the thyroid is no longer producing hormones.
9. The specific hormones the thyroid produces that are most critical to our health are triiodothyronine (T3) and thyroxine (T4), both of which regulate metabolism. The most popular thyroid drug, Levothyroxine (commonly known as Synthroid), is a synthetic T4-only drug.
10. T4 is a mostly inactive hormone and is the forerunner to T3, which is the predominant and active hormone and has the greatest affect on our health and well-being. The body is designed to convert T4 to T3, many people have trouble with this conversion, due to stress, hormonal and gut imbalances, and nutritional deficiencies.





Employee Health Center Health Risk Assessment Instructions



3- Step Process

1. Complete labs only at the Health Center. At this time schedule your Step 3 visit to review the labs with a medical professional.
2. Complete the on-line Health Risk Assessment questionnaire. Your labs will be sent to you via patient portal.
3. Review your labs and HRA questionnaire with a medical professional.

HRA Questionnaire Instructions

1. Go to: <https://tcma.hra.net>
2. Register as a new user
Registration Number:
3. Enter your name, email, and other information as requested. Click "Submit" to create your account.
4. Click on "Health Risk Assessment" to begin the assessment.
5. Respond to each question and select "next" once complete. Once all questions are answered you are ready for Step 3.

YOUR HEALTH IS
OUR PRIORITY

Hours of Operation
Monday - Friday:
Saturday:

www.tcmahealthcare.com



PREVENTATIVE HEALTH

HEALTH PROMOTION

HEALTH PROMOTION

- HEALTH PROMOTION IS A STRATEGY THAT EMPOWERS ONE TO MAKE HEALTHY CHOICES THAT WILL PREVENT ILLNESS AND PROMOTE HEALTH
- THERE ARE MANY ASPECTS OF HEALTH PROMOTION. THE INDIVIDUAL, THE COMMUNITY, AND THE ENVIRONMENT
- PREVENTATIVE HEALTH SCREENINGS, AND SMART LIFESTYLE CHOICES DECREASE MORBIDITY AND MORTALITY RATES

MEDICAL SCREENINGS

WELL VISIT

- INCLUDES PERSONAL HISTORY; BLOOD PRESSURE, BODY MASS INDEX (BMI), PHYSICAL EXAM, COUNSELING
 - ANNUALLY FOR AGES 19-21
 - EVERY 1-3 YEARS AGES 22-49 DEPENDING ON RISK FACTORS
 - ANNUALLY AGES 50 AND OLDER
-

BMI

- BODY MASS INDEX CALCULATION
- BODY FAT PERCENTAGE MAY BE A BETTER INDICATOR OF BEING OVER WEIGHT OR OBESSE



BODY FAT CHART



Body Fat Percentage Chart

	Underfat	Ideal	Overfat	Obese
Women				
Age 20-39	< 21%	21% to 33%	34% to 39%	> 39%
Age 40-59	< 23%	23% to 34%	35% to 40%	> 40%
Age 60-79	< 24%	24% to 35%	36% to 42%	> 42%
Men				
Age 20-39	< 8%	8% to 19%	20% to 25%	> 25%
Age 40-59	< 11%	11% to 21%	22% to 28%	> 28%
Age 60-79	< 13%	13% to 24%	25% to 30%	> 30%

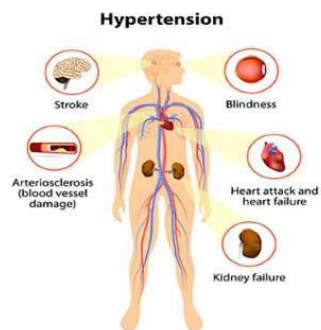
Source: American Journal of Clinical Nutrition, Gallagher et al; Health percentage of body fat ranges: an approach for developing guidelines based on body mass index; 2000;72-694-701



BLOOD PRESSURE

- ANNUALLY
 - NORMAL BLOOD PRESSURE IS CONSIDERED LESS THEN 120/80
 - ELEVATED 120-129/ <80
 - STAGE 1 HTN 130-139/80-89
 - STAGE 2 HTN \geq 140/90
 - HYPERTENSIVE EMERGENCY 180 > OR 120>
-

COMPLICATIONS OF HYPERTENSION



CHOLESTEROL SCREENING

- BASELINE AT AGE 20 THEN EVERY 4 YEARS UNLESS YOU HAVE RISK FACTORS SUCH AS HTN, DIABETES, ABNORMAL LIPIDS, OVER WEIGHT OR OBESE, SMOKER, FAMILY HISTORY OF HEART DISEASE
 - MORE IMPORTANT THAN TOTAL CHOLESTEROL IS LDL COUNT, PARTICLE SIZE AND RATIO
-

DIABETES

- ASYMPTOMATIC INDIVIDUALS SHOULD BE CHECKED AT AGE 45 THEN EVERY 2 YEARS
 - INDIVIDUALS WITH RISK FACTORS SHOULD BE CHECKED YEARLY
 - RISK FACTORS INCLUDE-OVERWEIGHT, INACTIVITY, FAMILY HISTORY, RACE (HISPANICS, AMERICAN INDIANS AND AMERICAN ASIANS HIGHER RISK), AGE, HTN, ELEVATED CHOLESTEROL/TRIGLYCERIDES
 - SOME SYMPTOMS OF DIABETES INCLUDE EXCESSIVE THIRST OR URINATION, FATIGUE, WEIGHT LOSS, BLURRED VISION, FREQUENT YEAST INFECTIONS, SLOW HEALING WOUNDS, OR NUMBESS AND TINGLING TO HANDS OR FEET
-

DIABETES COMPLICATIONS



EKG

- BASELINE AT AGE 30, AGE 40-49 EVERY 2-3 YEARS, 50 AND OVER EVERY YEAR OR SOONER IF THERE IS A FAMILY HISTORY OF HEART DISEASE



BONE MINERAL DENSITY TESTING

- WOMEN AGE 65 OR OLDER AND MEN AGE 70 OR OLDER EVERY 5 YEARS
 - SOONER IF YOU HAVE RISK FACTORS THAT PUT YOU AT A GREATER RISK FOR FRACTURE
 - CIGARETTE SMOKING
 - LONG-TERM USE OF STEROID (GLUCOCORTICOID) MEDICATIONS SUCH AS PREDNISONE
 - LOW BODY WEIGHT (LESS THAN 127 LBS OR 58 KG)
 - RHEUMATOID ARTHRITIS
 - HISTORY OF A NON-TRAUMATIC OR LOW TRAUMA BONE FRACTURE IN SELF OR PARENTS (EG, BREAKING A BONE AFTER FALLING FROM STANDING HEIGHT OR LESS)
 - EXCESSIVE ALCOHOL CONSUMPTION
 - A DISORDER STRONGLY ASSOCIATED WITH OSTEOPOROSIS, SUCH AS DIABETES, UNTREATED HYPERTHYROIDISM, HYPERPARATHYROIDISM, EARLY MENOPAUSE, CHRONIC MALNUTRITION OR MALABSORPTION, OR CHRONIC LIVER DISEASE
-

COLORECTAL CANCER SCREENING

- AT AGE 50, THEN EVERY 5-10 YEARS DEPENDING ON THE RESULTS-OR A FECAL OCCULT BLOOD TEST (FOBT) YEARLY WITH A SIGMOIDOSCOPY EVERY 5 YEARS
 - SOONER IF YOU HAVE A FAMILY HISTORY
 - SOME SYMPTOMS INCLUDE BLOOD IN THE STOOL, ABDOMINAL PAIN, CHANGE IN STOOL PATTERNS, FATIGUE, WEIGHT LOSS
 - COLORECTAL CANCER IS THE THIRD LEADING CAUSE OF CANCER-RELATED DEATHS IN WOMEN IN THE UNITED STATES AND THE SECOND LEADING CAUSE IN MEN
-

MAMMOGRAPHY

- WOMEN AGE 45-74, MAMMOGRAPHY DONE BEFORE AGE 45 UNDER INDIVIDUAL CONTEXT AFTER DISCUSSING RISK, BENEFIT AND HARMS, AFTER AGE 55, EVERY OTHER YEAR, THEY MAY CHOOSE TO CONTINUE YEARLY
- SOME GOVERNING BODIES RECOMMEND AGE 40 AND OVER ANNUALLY
- WOMEN OVER 74 DISCUSS BENEFIT AND LIMITATIONS
- SOONER IF THERE IS A FAMILY HISTORY OR RISK FACTORS
- THE MOST COMMON CANCER IN WOMEN
- OVER 40,000 WOMEN ARE EXPECTED TO DIE FROM BREAST CANCER IN 2017

BREAST CANCER RISK FACTORS

- AGE (GREATER THAN 55)
 - FAMILY HISTORY
 - RADIATION TO FACE/CHEST BEFORE AGE 30
 - OVERWEIGHT
 - NOT HAVING A FULL TERM PREGNANCY
 - NOT BREASTFEEDING
 - LATE MENSES/EARLY MENOPAUSE
 - HORMONE REPLACEMENT THERAPY
 - ALCOHOL USE
 - SMOKING
 - INACTIVITY
-

CERVICAL CANCER SCREENING-PAP SMEAR

- WOMEN AGE 21-65 EVERY 3 YEARS, OR EVERY 5 YEARS WITH AN HPV TEST FOR WOMEN AGE 30-65
 - ABOUT 12,820 NEW CASES OF INVASIVE CERVICAL CANCER WILL BE DIAGNOSED. ABOUT 4,210 WOMEN WILL DIE FROM CERVICAL CANCER
 - **PREGNANCY:** WOMEN WHO HAVE HAD THREE OR MORE FULL-TERM PREGNANCIES, OR WHO HAD THEIR FIRST FULL-TERM PREGNANCY BEFORE AGE 17, ARE TWICE AS LIKELY TO GET CERVICAL CANCER.
 - **FAMILY HISTORY:** WOMEN WITH A SISTER OR MOTHER WHO HAD CERVICAL CANCER ARE TWO TO THREE TIMES MORE LIKELY TO DEVELOP CERVICAL CANCER.
 - **SEXUAL HISTORY:** CERTAIN TYPES OF SEXUAL BEHAVIOR ARE CONSIDERED RISK FACTORS FOR CERVICAL CANCER AND HPV INFECTION. THESE INCLUDE: SEX BEFORE AGE 18, SEX WITH MULTIPLE PARTNERS AND SEX WITH SOMEONE WHO HAS HAD MULTIPLE PARTNERS.
 - **SMOKING:** A WOMAN WHO SMOKES DOUBLES HER RISK OF CERVICAL CANCER.
 - **ORAL CONTRACEPTIVE USE:** WOMEN WHO TAKE ORAL CONTRACEPTIVES FOR MORE THAN FIVE YEARS HAVE AN INCREASED RISK OF CERVICAL CANCER, BUT THIS RISK RETURNS TO NORMAL WITHIN A FEW YEARS AFTER THE PILLS ARE STOPPED.
 - **WEAKENED IMMUNE SYSTEM:** IN MOST PEOPLE WITH HEALTHY IMMUNE SYSTEMS, THE HPV VIRUS CLEARS ITSELF FROM THE BODY WITHIN 12-18 MONTHS. HOWEVER, PEOPLE WITH HIV OR OTHER HEALTH CONDITIONS HAVE A HIGHER RISK OF DEVELOPING CERVICAL CANCER.
 - **HPV:** THOUGH HPV CAUSES CANCER, HAVING HPV DOES NOT MEAN YOU WILL GET CANCER
-

PROSTATE CANCER

- MEN STARTING AT AGE 45-50 DEPENDING ON RISK FACTORS-CONTROVERSIAL
 - RISK FACTORS
 - AGE-ESPECIALLY AFTER AGE 50. MORE THAN 80% OF PROSTATE CANCERS ARE DIAGNOSED IN MEN WHO ARE 65 OR OLDER
 - FAMILY HISTORY
 - RACE-INCREASED RISK FOR AFRICAN AMERICANS. AFRICAN AMERICAN MEN ARE 56% MORE LIKELY TO DEVELOP PROSTATE CANCER COMPARED WITH CAUCASIAN MEN AND NEARLY 2.5 TIMES AS LIKELY TO DIE FROM THE DISEASE.
-

SKIN CANCER SCREENING

- AGE 19-26 EVERY 3 YEARS, ANNUALLY AFTER THAT
 - RISK FACTORS
 - A LIGHTER NATURAL SKIN COLOR.
 - FAMILY HISTORY OF SKIN CANCER.
 - A PERSONAL HISTORY OF SKIN CANCER.
 - EXPOSURE TO THE SUN THROUGH WORK AND PLAY.
 - A HISTORY OF SUNBURNS, ESPECIALLY EARLY IN LIFE.
 - A HISTORY OF INDOOR TANNING.
 - SKIN THAT BURNS, FRECKLES, REDDENS EASILY, OR BECOMES PAINFUL IN THE SUN.
 - BLUE OR GREEN EYES.
 - BLOND OR RED HAIR.
 - CERTAIN TYPES AND A LARGE NUMBER OF MOLES.
-

ABDOMINAL AORTIC ANEURYSM

- ONCE FOR MEN AGE 65-75 WHO HAVE EVER SMOKED
 - RISK FACTORS
 - ADVANCED AGE
 - MALE GENDER
 - CAUCASIAN RACE
 - A POSITIVE FAMILY HISTORY
 - SMOKING
 - THE PRESENCE OF OTHER LARGE VESSEL ANEURYSMS
 - ATHEROSCLEROSIS
-

SEXUALLY TRANSMITTED INFECTIONS (STI)

- CHALMYDIA AND GONORRHEA-AGE 25 AND OLDER ANNUALLY IF AT RISK
- HIV-ALL PREGNANT WOMEN, ONCE BETWEEN AGE 15-65 OR ANNUALLY IF AT VERY HIGH RISK, EVERY 3-5 YEARS IF AT INCREASED RISK
- THERE HAS BEEN SOME ANTIBIOTIC RESISTANT CASES OF GONORRHEA DISCOVERED
- THE APPROXIMATELY 1.4 MILLION REPORTED CASES OF CHLAMYDIA, A RATE OF 456.1 CASES PER 100,000 POPULATION, IS UP 2.8 PERCENT SINCE 2013. **RATES OF PRIMARY AND SECONDARY (P&S) SYPHILIS – THE MOST INFECTIOUS STAGES OF SYPHILIS –AND GONORRHEA HAVE BOTH INCREASED SINCE 2013, BY 15.1 PERCENT AND 5.1 PERCENT, RESPECTIVELY**
- MANY SEXUALLY TRANSMITTED DISEASES DO NOT EXHIBIT OBVIOUS SYMPTOMS SO PEOPLE WHO ARE INFECTED MAY NOT EVEN KNOW IT

HIV STATISTICS

- **PREVALENCE**
- NUMBER OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014: 7,796
- 62% OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014 WERE MEN, AND 38% WERE WOMEN.
- 60% OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014 WERE BLACK, 14% HISPANIC/LATINO, AND 24% WHITE.
- **NEW DIAGNOSES**
- NUMBER OF NEW HIV DIAGNOSES IN 2015: 287
- 66% OF PEOPLE NEWLY DIAGNOSED WITH HIV BETWEEN 2011 AND 2015 WERE MEN, AND 34% WERE WOMEN.
- 57% OF PEOPLE NEWLY DIAGNOSED WITH HIV BETWEEN 2011 AND 2015 WERE BLACK, 17% HISPANIC/LATINO, AND 24% WHITE.
- **MORTALITY**
- NUMBER OF DEATHS OF PEOPLE WITH DIAGNOSED HIV IN 2014: 156
- NUMBER OF DEATHS OF PEOPLE WITH DIAGNOSED HIV IN FLORIDA IN 2014: 1,916

LABORATORY TESTS

- AGE 20-39 EVERY 3 YEARS, AGES 40-49 EVERY 2 YEARS AGE 50 AND OLDER YEARLY FOR VARIOUS ILLNESS/DISEASES LIKE DIABETES, KIDNEY DISEASE, THYROID DISEASE, HORMONE IMBALANCES, VITAMIN DEFICIENCIES
- GET TESTED BEFORE SYMPTOMS OCCUR



SELF EXAMS

MEN

- TESTICULAR EXAMS MONTHLY STARTING AT AGE 18
 - MOST COMMONLY DIAGNOSED FROM AGES 20-34
 - RISK FACTORS
 - AN UNDESCENDED TESTICLE
 - FAMILY HISTORY OF TESTICULAR CANCER
 - HIV INFECTION
 - HAVING HAD TESTICULAR CANCER BEFORE
 - RACE/ETHNICITY-CAUCASIANS HAVE A 4-5 TIMES HIGHER RISK THEN OTHER RACES
 - BREAST-THIS YEAR APPROXIMATELY 2470 MEN WILL BE DIAGNOSED
 - SKIN CHECKS-KNOW YOUR BODY
-

WOMEN

- BREAST EXAMS MONTHLY-AT THE SAME TIME (IE, FIRST DAY OF EVERY MONTH)-
CONTROVERSIAL
 - SKIN CHECKS-KNOW YOUR BODY
-

IMMUNIZATIONS

Vaccine	Age Group (Years)				
	19-26	27-49	50-59	60-64	>65
Influenza	One dose annually				
Tetanus, diptheria, pertussis	Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				TD booster every 10 years
Varicella	Two doses				
Human Papillomavirus (HPV)	Three doses (females)				
Zoster				One dose	
Measles, mumps, rubella	One or two doses		One dose		
Pneumococcal	1 or 2 doses				1 dose
Meningococcal	One or more doses				
Hepatitis A	Two doses				
Hepatitis B	Three doses				



LIFESTYLE

- WATCH YOUR WEIGHT-OVER 38% OF ADULTS ARE OBESE
 - QUIT SMOKING
 - WATCH ALCOHOL INTAKE
 - EXERCISE
 - GET ADEQUATE SLEEP
 - TRY TO DE STRESS-STRESS CAUSES REAL PHYSICAL SYMPTOMS
 - BE SOCIAL-SPEND TIME WITH FAMILY AND FRIENDS
 - KEEP YOUR MIND ACTIVE
-

COMMUNITY

- THE COMMUNITY IN WHICH YOU LIVE CAN AFFECT YOUR HEALTH
- DOES YOUR COMMUNITY ADVOCATE FOR HEALTH PROMOTION
- HOSPITALS/CLINICS
- GREEN MARKETS
- COMMUNITY SPONSERED EVENTS ABOUT HEALTH
- CENTERS THAT PROVIDE EXERCISE AND EDUCATION
- FREE CLINICS/IMMUNIZATIONS

ENVIRONMENT

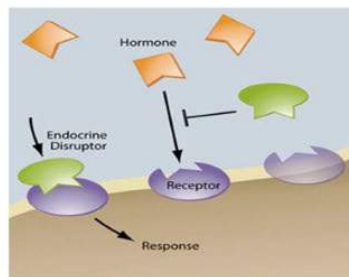
- THE ENVIRONMENT IN WHICH WE LIVE CAN DRAMATICALLY AFFECT OUR HEALTH
 - ENVIRONMENTAL TOXINS INCLUDE NATURALLY OCCURRING COMPOUNDS SUCH AS:
 - LEAD
 - MERCURY
 - RADON
 - FORMALDEHYDE
 - BENZENE
 - CADMIUM
 - THEY ALSO INCLUDE HUMAN-MADE CHEMICALS LIKE:
 - BPA
 - PHTHALATES
 - PESTICIDES
-

TOXIC EFFECTS

- CAUSE CANCER (RADON, FORMALDEHYDE, BENZENE);
 - ACT AS ENDOCRINE DISRUPTORS (BPA, PESTICIDES, PHTHALATES); AND
 - CAUSE ORGAN FAILURE OR DEVELOPMENTAL PROBLEMS (LEAD, MERCURY, CADMIUM)
-

ENDOCRINE DISRUPTORS

- ENDOCRINE DISRUPTORS INCLUDE A WIDE RANGE OF SUBSTANCES, BOTH NATURAL AND HUMAN-MADE, THAT MAY INTERFERE WITH THE BODY'S ENDOCRINE (HORMONE AND CELL SIGNALING) SYSTEM AND PRODUCE ADVERSE DEVELOPMENTAL, REPRODUCTIVE, NEUROLOGICAL, AND IMMUNE EFFECTS.



- ENDOCRINE DISRUPTORS USUALLY MIMIC ESTROGEN AND ARE FOUND IN MANY EVERYDAY PRODUCTS WE USE, INCLUDING:
- SOME PLASTIC BOTTLES AND CONTAINERS
- FOOD CAN LINERS
- DETERGENTS
- FLAME RETARDANTS
- TOYS
- COSMETICS
- PESTICIDES
- IN PARTICULAR, THE INDUSTRIALLY PRODUCED COMPOUNDS BISPHENOL A (BPA), PESTICIDES, AND PHTHALATES ARE AMONG THE MOST POTENTIALLY DANGEROUS



Examples of Customer Service training:

Customer Service Expectations for Front Desk Employees

Quality Customer Service is mandatory among all employees employed within our organization. This part of your orientation will provide you with the skills necessary for you to be successful in your position by providing the best customer service possible.

When you are on the phone/in front of a patient, vendor, or client, you represent all that our company stands for. For each person that you speak with, you are the company. The way the person is treated at that moment can make all the difference in the world as to whether the relationship continues or comes to a grinding halt. Even if the person has a history with our company, the relationship can be destroyed in literally seconds should the person not be treated properly. Important? To say the least, you represent a critical vital link between this person and our company. The key to success, of course, is to display the appropriate behavior/feeling/attitude at the appropriate time.

We have a greeting that needs to be committed to memory. It identifies yourself, our company, and lets the person know that you are eager to assist them.

Good morning/afternoon. Thank you for calling (name of clinic), this is (your name), how may I help you?

Responses using this format of repetition should be stated sincerely, enthusiastically, and with feeling and care. Do not come across in a monotone or robotic manner or the purpose for which this tool is intended is defeated.

Professional, enthusiastic, and caring comments

- How may I help you?

- Yes, we can!
- If a patient asks if they can be seen today, “Yes, most definitely! We offer walk-in services.”
- Thank you for the calling/coming in.
- Is there anything else I can help you with today?
- Please . . .
- We certainly look forward to seeing you in the future.
- Is there anything else I can help you with today?
- Please let us know if you need anything.
- If your speaking with a sick patient, “please let us know if you don’t start feeling better.”

Whenever you speak with a patient, you are the voice of the company. You represent everything the company stands for; and in the mind of the patient, you are the company. When your voice is warm and friendly and when you are courteous and tactful, the patient will enjoy dealing with you. A relationship can take years to develop, and it can be destroyed in seconds, totally dependent on your contact, your treatment, your interaction and professionalism or lack thereof with the patient.

Be prepared to describe what the clinic can do.

- The services we provide.
- The products we provide.
- Be able to identify the needs we fulfill for our patients.
- Be able to identify what solutions you can provide.
- Be able to provide our address and hours of operation.

Note: It’s critical that we know the answers to these questions. If we don’t educate the patients to the value we bring, how we are different from the competition, and the quality of our services and products, who will?

Telephone Techniques

The vital link between you and the Patient—the telephone.

Below are questions to ask yourself when you are speaking with a patient on the phone.

Most of these questions can be used when speaking to a patient standing in front of you as well.

#1: Do I answer calls correctly? Do I identify my company, myself, and the patient? You should have a pat response that you give to patients. It tells the patient you are ready to take care of their needs. It lets them know they have called the right place and exactly who they are speaking with. You’re ready for business to commence.

#2: Do I listen to the patient’s message with complete attention? It takes a great deal more effort to listen than to hear. Listening is focusing your attention where it needs to be when it needs to be there.

#3: Do I ask questions that cause the patient to think and share more information with me? These are often referred to as exploratory questions. Questions that probe the mind of the patient cause the patient to think and respond by talking more, so that, in turn, we can listen more.

#4: Do I respond in a caring manner to the patient's comments, questions, and concerns? The old cliché, "Your customers don't care about how much you know until they know how much you care" holds true. Caring is one of your major building blocks in the foundation of a customer-responsive relationship.

#5: Do I keep the conversation from wandering and take responsibility for bringing it back to business tactfully? The responsibility is on your shoulders to keep focused on the business at hand. It's nice to socialize and chit chat, but there is work to be done. Behind this patient is another, and behind that one, another, and so on. Be tactful and polite as you bring the conversation back to business.

#6: If I have to place the patient on hold, do I do it properly? Whenever possible, give the patient a choice. It helps them to feel in control.

- May I please put you on hold (and wait for the response)?
- May I take your name and number and I'll call you back? (be certain that you do)
- May I have someone else help you?
- If they are asking for someone else and that individual is not available, say, May I help you?

#7: Do I maintain a pleasant tone of voice throughout the conversation? Your tone of voice has a major impact on the message you are delivering. You may be using the most beautiful words in your message, but if it is not backed by a supportive, caring tone of voice, it will not be received well.

#8: Am I courteous to the patient throughout the conversation? Treat the patient with the same dignity and respect you would like to receive.

#9: Do I demonstrate enthusiasm and self-confidence to the patient? Enthusiasm has its roots in the ancient Greek language. It literally means "the spirit within." Enthusiasm is contagious and can impact those around you in a positive manner.

#10: Did I take notes? Don't leave details to memory. Get all the facts and avoid having to go back and do it again.

#11: Did I use feelings to express an idea or a mood? A monotone, robotic voice like HAL the computer from 2001: A Space Odyssey can drive people up a wall. Demonstrate that they are speaking with a healthy, alive, caring human being and not some machine.

#12: Was the rate of my speaking proper? Right around 150 wpm is the average rate found to be received well. The communication process requires two individuals working to understand each other. Contribute as much as possible to the process.

#13: When speaking on the phone, do I avoid chewing gum or eating? Do I use clear enunciation so that the Patient understands me and I do not have to repeat items back to the Patient? You may have the greatest ideas and messages to give the Patient, but if they can't understand you as a result of some obstacle to effective speech you've placed in your mouth, something's wrong.

#14: Do I have a smile in my voice that the Patient can visualize or feel? Most people believe that a smile permeates right through that phone line. A smile adds greatly to your face value.

#15: Did I fulfill the Patient's needs? Did I provide a solution? This is what it's all about. This is the business we are in—the needs fulfillment business.

Professionalism with No Excuses

Our Patients want service, expect it, and demand it. Any other response, action, or behavior is usually summed up in the mind of the Patient by one word, excuse. In the world of survivors, for those who will persevere and achieve the next level of success, the word excuse does not exist. Only results, actions, and solutions need fulfillment. A true professional is constantly adjusting, learning, accepting challenges, and creatively building a customer-responsive relationship. These activities reflect that challenge of remaining a professional under often adverse conditions with no excuses, just service.



Program: First Aid/CPR/AED

Purpose

The American Red Cross First Aid/CPR/AED program helps participants recognize and respond appropriately to cardiac, breathing and first aid emergencies. The courses in this program teach the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed.

This program offers a choice of first aid, CPR and AED courses to meet the various training needs of a diverse audience and is offered in traditional classroom or blended learning (online learning with instructor-led skill session) formats.

Prerequisites

Participants in AED-only courses must have current Red Cross certification or the equivalent.

Length

Course lengths vary depending on course components included. They may last from less than 1 hour to just over 5 hours.

Learning Objectives

- Describe how to recognize an emergency and size up the scene.
- Explain how to activate and work with the emergency medical services (EMS) system.
- Understand legal concepts as they apply to lay responders, including consent and the purpose of Good Samaritan laws.
- Identify how to reduce the risk of disease transmission when giving care.
- Demonstrate how to check a person who is responsive for life-threatening and non-life-threatening conditions.
- Explain how to check an injured or ill person who appears to be unresponsive.
- Recognize the signs and symptoms of a heart attack and describe appropriate first aid care for a person who is showing these signs and symptoms.
- Describe the links in the Cardiac Chain of Survival.
- Demonstrate CPR and use of an automated external defibrillator (AED) for a person who is in cardiac arrest.
- Demonstrate first aid care for a person who is choking.
- Recognize the signs and symptoms of shock and describe appropriate first aid care for a person who is showing these signs and symptoms.

Course Fact Sheet



Bloodborne Pathogens Training

Purpose

This course teaches participants how bloodborne pathogens are spread, how to avoid exposure and what to do if exposed to infectious material. This course helps to meet requirements of the OSHA Bloodborne Pathogens Standard. After taking this course, participants should talk with their employer about their workplace's specific policies and procedures. Classroom and web-based training options are available.

Prerequisites

None

Learning Objectives

- Define bloodborne pathogens.
- Identify the bloodborne pathogens of primary concern.
- List the ways bloodborne pathogens can enter a person's body.
- Describe the importance of personal protective equipment (PPE) and hand washing in reducing the risk of bloodborne pathogens transmission.
- Identify work practices that help eliminate or reduce the risk of exposure.
- Learn how to remove disposable gloves properly.
- List procedures to follow if exposure occurs.

Length

Bloodborne Pathogens Training: Approximately 1 hour (classroom and web-based)

Bloodborne Pathogens Training for Tattoo Artists: Approximately 1 hour (web-based only)

Instructor

American Red Cross instructors certified in one of the programs listed below, who are knowledgeable in the course content, may deliver this course.

- First Aid/CPR/AED
- Basic Life Support for Healthcare Providers
- CPR/AED for Professional Rescuers and Health Care Providers
- Lifeguarding
- Emergency Medical Response
- Nurse Assistant Training
- Wilderness and Remote First Aid

American Red Cross

15.

Proposed Schedule

This section shall include a detailed breakdown and timelines for achieving the scope of work, with a delineation of assigned staff for each task associated with the project. Also include quality assurance efforts for the data collection and analysis tasks, a process for ensuring that no individual respondents will be identified, and a project timeline. The consultant must have sufficient equipment and personnel for back-up and/or emergencies to assure prompt scheduling and completion of services within the schedule.

TCMAi is the current vendor for the City of Port St. Lucie Employee Health Clinic. We have had a successful relationship for the past 7 years and hope to continue this relationship. We have sufficient equipment and personnel for both back-up and/or emergencies to assure prompt scheduling and completion of the services within the schedule.

All staff will have responsibilities outlined in their policies and procedures. Those will include ensuring they meet their job duties, conform to all relevant City policies and procedures, ensure all patient issues are properly documented and reported to the Clinical Manager, and self-report any defective services that come to their attention.

TCMAi's will continue to operate the City of Port St Lucie On-Site Medical Clinic with consistent communication and accountability through a strict Quality Assurance Program, strict adherence to the Timetable listed below, consistent follow-up with all communications, quick corrective actions, and proper documentation of all actions taken. This transparent and accountable methodology will ensure compliance with the City of Port St. Lucie's requirements and no lapse in service.

Next, properly preparing a clinic to be as prepared as possible to treat the medical issues of the employee population is essential to ensuring they receive the most appropriate care possible. This can happen in several ways including: medical providers with the proper training and experience, properly stocked pharmacy, properly prepared wellness literature, or strategically planned health fair events that cater to the health needs of the population.

The Quality Assurance Program will outline proper protocol for reporting any deficiency of service by TCMAi staff to an assigned Project Quality Assurance Officer. During each stage, it is vital that TCMAi Operations maintain Quality Assurance through proper monitoring and open communication with local staff and designated City of Port St. Lucie personnel.

While the last stage of this methodology will represent the most important (actual care for the patients), it is equally important to have proper data and documentation. Communication about the services and data regarding all aspects of the health of employees will allow resources and expertise to be re-deployed in the most effective way possible. Once data is evaluated (whether by the clinical staff, Medical Director, Quality Assurance, or the City of Port St. Lucie itself), re-evaluation and re-deployment of resources can take place.

16.

Fee Schedule

The fees proposed (in U.S. dollars) will be used for proposal evaluation, and all pricing included in the proposal shall be in effect throughout the contract period. The Company requires that vendors' responses to this RFP shall remain in effect for a period of (120) one-hundred-twenty days, allowing the closing date of the RFP, in order to allow adequate time for evaluation, approval, and award of contract. Any vendor who does not agree to this condition shall specifically communicate in its proposal such disagreement to the Company, along with proposed alternatives. The Company may accept or reject such proposed alternatives without further notification or explanation.

TCMAi does not mark up any supplies, medications, or services. All fees not billed as the Administrative fee are a pass-through cost. Administrative fees and pass-through costs are invoiced separately to ensure clarity and transparency with all accounting. The administrative fee of **\$18.00 is a fixed dollar amount per eligible employee per month**, based on the number of eligible employees and their dependents provided to us by the City of Port St. Lucie. **TCMAi does not charge a monthly Administrative Fee for the City of Port St Lucie's eligible dependents or retirees.** There is no mark-up on any pass-through costs.

Typically, once the schedule has been set TCMAi remits invoices with a net 30-day payment term. Administrative fees are invoiced on the 1st of each month also with a net 30-day payment term. TCMAi will work with the City of Port St. Lucie to determine the most convenient billing cycle for pass-through costs.

Pass through-costs monthly include:

- All wages/benefits
- Medical supplies
- Office supplies
- Outside lab fees
- HRA lab fees
- Pharmaceutical stock
- Diagnostic fees
- Technology fees
- Internet & Communication Fees
- Answering Service
- Medical Waste Removal
- Licensing & Insurance
- Continued Education for Providers

Patients never pay co-pays for visits, medications, or any other services rendered in the Employee On-Site Clinic.

- TCMAi is willing to put **\$2.50 per eligible employee per month at risk in the form of a performance guarantee** – patient satisfaction scores, growth rate, number of HRAs performed, clinic utilization, number of awareness events, or any other reasonable measurable metric can be used to determine performance.

- TCMAi staffs their clinics with emergency department experienced physicians and mid-level providers to reduce costly, unnecessary referrals to specialists / emergency departments. All have Occupational Health training and experience.
- TCMAi continually audits and negotiates our vendor pricing to ensure the most competitive prices possible.

17.

Financial Stability.

Financial strength and competence, responsibility of the firm or entity, ensuring the stability of future operations.

Financial Disclosure

- Financial Statements: Proposer will provide annual financial statements for the last two (2) calendar years for your organization. Independently audited statements are preferred. Statements should include the company's assets, liabilities, and net worth. At a minimum, include the Balance Sheet (Statement of Financial Positions), Income Statement (Statement of Operations), Retained Earnings and Cash Flow Statement. The City acknowledges that privately held corporations and other business entities are not required by law to have audited financial statements. In the event the Proposer is a privately held corporation or other business entity whose financial statements are audited, such audited statements shall be provided. If the privately held corporation or other business entity does not have audited financial statements, then un-audited statements or other financial documentation sufficient to provide the same information as is generally contained in an audited statement, and as required above, shall be provided.
Provide evidence of insurability and Bonding Capacity

Please see these documents that are included at the end of the response.

Disclosure of Litigation

- List all performance related legal claims, litigation, demands, contracts terminated due to non-performance, lawsuits filed, threatened, pending and settlements involved in over the last five (5) years
TCMAi does not have any performance related legal claims, litigation, demands, contracts terminated due to non-performance, lawsuits filed, threatened, pending and settlements involved in over the last five (5) years (ever)
- Identify adverse actions sanctioned by any regulatory authorities over the last five (5) years
TCMAi does not have any adverse actions sanctioned by any regulatory authorities over the last five (5) years
- Within the last five years, whether the proposer has defaulted on a contract to provide Employee Medical Clinics and any litigation regarding such contracts; cancellation of, or failure to be renewed, for alleged fault of the part of your company. Provide specific information regarding the aforementioned.
TCMAi, has never defaulted on a contract to provide Employee Medical Clinics and any litigation regarding such contracts; cancellation of, or failure to be renewed, for alleged fault of the part of our company.
- Any suspension or debarment by any government entity; any prior conviction for bribery theft, forgery, embezzlement, falsification or destruction of records, antitrust violations, any prior violation of City or County ethical standards.
TCMAi does not have any suspension or debarment by any government entity; any prior conviction for bribery theft, forgery, embezzlement, falsification or destruction of records, antitrust violations, any prior violation of City or County ethical standards.

Truth-In-Negotiation Certificate And Affidavit

STATE OF FLORIDA §
COUNTY OF § Martin

Before me, the undersigned authority, personally appeared affiant,

Jonathan Michael Adelberg MD, FAEP who being first duly sworn, deposes and, who being first duly sworn, deposes and says:

1. That the undersigned firm is furnishing this Truth in Negotiation Certificate pursuant to Section 287.055(5)(a) of the Florida Statutes for the undersigned firm to receive an agreement for professional services with the City of Port St. Lucie, St. Lucie County, Florida.
2. That the undersigned firm is a corporation which engages in furnishing an On-Site Employee Medical Clinic and is entering into an agreement with the City of Port St. Lucie, St. Lucie County, Florida to provide these services for a project known as #20190044, On-Site Employee Medical Clinic.
3. That the undersigned firm has furnished the City of Port St. Lucie, St. Lucie County, Florida a detailed analysis of the cost of the professional services required for the project.
4. That the wage rate information and other factual unit cost, which the undersigned firm furnished, were accurate, complete and current at the time the undersigned firm and the City of Port St. Lucie entered into the agreement for professional services on the project.
5. That the agreement which the undersigned firm and the City of Port St. Lucie entered into on this job contained a provision that the original agreement price and any additions thereto shall be adjusted to include any significant sums by which the City of Port St. Lucie determines the agreement price was increased due to inaccurate, incomplete or non-current wage rates or other factual unit cost and that all such agreement adjustments shall be made within one (1) year following the end of the agreement.

FURTHER AFFIANT SAYETH NAUGHT

Treasure Coast Medical Associates, Inc.

Name of Firm

By: [Signature]
President

The foregoing instrument was acknowledged before me by J. Michael Adelberg who is personally known to me. who is personally known to me.

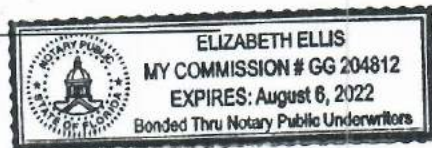
WITNESS my hand and official seal in the State of County last aforesaid this 20 the day of May, 2018.

(SEAL)

Signature

[Signature]
Notary Name (typed or printed)

Title or Rank



Consultant's Questionnaire
RFP #20190044
On-Site Employee Medical Clinic

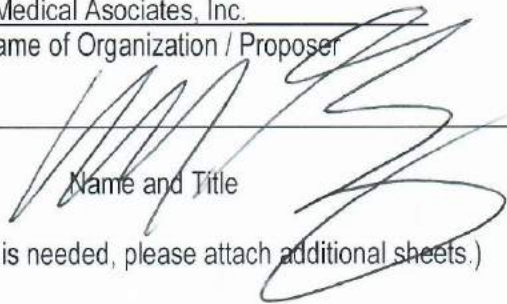
It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of Proposers to perform the work required. The Consultant waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Consultant.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Consultant, surety, bank material or equipment manufacturer, or distributor, or any person, firm, or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to vary the information on this questionnaire.

Dated this 20 day of May, 2019.

Treasure Coast Medical Associates, Inc.
Name of Organization / Proposer

By: MD FAEP, President



Name and Title

Jonathan Michael Adelberg

(If more space is needed, please attach additional sheets.)

1. Corporation, Partnership, Joint Venture, Individual or other?
Corporation

2. Firm's name and main office address, telephone and fax number, e-mail:
Treasure Coast Medical Associates, Inc.
3405 NW Federal Hwy
Jensen Beach, FL 34957
Contact J. Michael President, MD, FAEP
(334)360-2366 or (561)-371-6525
Fax (772) 232-9383
jma@tcmahealthcare.com & kadelberg@tcmahealthcare.com
www.tcmahealthcare.com

3. Firm's previous names (if any).
TCMAi does not have any previous names.

4. How many years has your organization been in business as a Health Center Provider?
15 years

5. Number of years in Florida as a Health Center Provider?
15 years

6. Last three (3) projects of this type completed by your firm for Florida municipal governments and/or private entities. Give agency, type service and contact person, telephone # and e-mail

Agency	Service	Contact Telephone	E-mail
--------	---------	-------------------	--------

Reference 1:
City of West Palm Beach
401 Clematis St
West Palm Beach, FL 33401
Jennifer Chripczuk
Benefits Officer
(561)494-1013
jchripczuk@wpb.org

Description:
 TCMAi in partnership with the City of West Palm Beach manages the City’s Health and Wellness Clinic which services 1,600 City employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- xvii. Basic Primary Care,
- xviii. Medication Dispensing,
- xix. Wellness. Nutrition, and Disease Management Programs,
- xx. Urgent Care Services,
- xxi. Occupational Health Services,
- xxii. Pre-Employment Drug Testing,
- xxiii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xxiv. Initial Worker’s Compensation Evaluation, Completed DWC-25.
 Performance Period: 2013 – Present

Reference 2:
The School Board of Highlands County
426 School Street
Sebring, FL 33870
Richard Birt
Finance Director
(863)449-0669
Birtr@highlands.k12.fl.us

Description:
 TCMAi in partnership with the School Board of Highland County manages the School Board’s Health and Wellness Clinic which services 1,400 School Board employees. In addition to the Scope of Services described in this RFP TCMAi provides the following services

- xvii. Basic Primary Care,
- xviii. Medication Dispensing,
- xix. Wellness. Nutrition, and Disease Management Programs,
- xx. Urgent Care Services,
- xxi. Occupational Health Services,
- xxii. Pre-Employment Drug Testing,
- xxiii. Random, Return-to-Duty, and Follow-Up Drug Testing, and

- xxiv. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: 2018 – Present

Reference 3:

Okeechobee School Board
700 SW 2nd Avenue
Okeechobee, FL 34974
Ken Kenworthy
Superintendent
(863) 462-5000 ext. 226
Fax (863)462-5151
vinsons@okee.k12.fl.us

Description:

TCMAi provides medical services to all 850 Okeechobee School Board employees, their dependents, and retirees through the Okeechobee Urgent Care location. In addition to the Scope of Services described in this RFP TCMAi provides the following services:

- xvii. Basic Primary Care,
- xviii. Medication Dispensing,
- xix. Wellness, Nutrition, and Disease Management Programs,
- xx. Urgent Care Services,
- xxi. Occupational Health Services,
- xxii. Pre-Employment Drug Testing,
- xxiii. Random, Return-to-Duty, and Follow-Up Drug Testing, and
- xxiv. Initial Worker's Compensation Evaluation, Completed DWC-25.
Performance Period: July 2013 – Present

- 7. List contracts where Clinics were not a success. List the name or the owner of the Clinic, location, date and reasons of failure

TCMAi does not have any Clinics that were not a success.

- 8. Status of Contracts on hand.

The status of all TCMAi's contracts are active and in good standing.

- 9. Describe your experience with Government clients.

TCMAi has 8 plus years' experience managing Employee Health and Wellness Clinics. Employing over 100 healthcare professionals of all levels, TCMAi's staff are local medical professionals with experience in health and wellness, family medicine, occupational health and safety, workers comp, urgent care, and emergency care. TCMAi is organized and intentionally designed to facilitate clinical management oversight, on-site at our municipal partners' facilities. This allows quick response to any identified needs and/or modifications to procedures unique to both the City of Port St Lucie and patient needs.

- 10. What best differentiates your company from your competitors?

TCMAi is the current vendor supplying management services to the City Port St. Lucie Employee Health Center. For the last 7 years, TCMA and the City of Port St. Lucie have enjoyed a productive relationship.

TCMAi has 3 Urgent Care locations located in Jensen Beach, Fl., Okeechobee, Fl., and Sebring, Fl. that would be available to the City of Port St Lucie employees, dependents, and retirees, at no additional cost to the City of Port St Lucie. These Urgent Cares are open seven days a week.

TCMAi has a fully operational Mobile Unit that includes 2 exam rooms and a full lab to conduct Occupational Healthcare to include Random Drug Screening with Chain of Custodies, Stress Test, EKGs, Physicals, and Lab Draws. We can bring the Occupational Healthcare to the worksite to reduce your employees time away from work.

- 11. Provide Five (5) references similar to our City in terms of scope of services, nature, and complexity requested and size. (Please use the attached Reference Check Form- Make 5 copies)
Please see attached Reference Check Form
- 12. Will your Company directly oversee the Clinic operations? **Yes**
Will an Administrator/Consultant not employed by your Company perform Clinic Administration duties? **No**
- 13. Describe how your Company assembles staffing. Are Medical Providers employees of your Company? Are they sub-Providers? Who provides the medical malpractice insurance for them?

TCMAi's Employee Clinics are staffed with Medical Directors, Family Practice Physicians, Emergency Physicians, Occupational Healthcare Physicians, Advanced Register Nurse Practitioners, Physicians Assistants, Health & Wellness Coaches, and Supporting Staff that are employees of our organization. TCMAi never outsources medical providers. TCMAi provides the Medical malpractice for our Providers and then passes through the cost of this expense to the City on a monthly invoice.

- 14. Describe how your Company selects your Medical Providers. Include in that description, your Medical Provider credentialing process and re-credentialing process.

TCMAi's recruits medical professionals with experience in health and wellness, family medicine, occupational health and safety, workers comp, urgent care, and emergency care.

TCMAi employees a full-time Credentialing Specialist whom has 30 plus years' experience in credentialing Providers as well as Clinics. Our Credentialing Specialist has a process in place to assure all TCMAi's Providers and Clinics are up to date on re-credentialing needs. Please see below TCMAi's credentialing process.

Credential Process for Professionals

- 1. Verification of credentials.
 - a. The following will be verified after successful initial interview by the President and Medical Director of TCMAi.
 - 1. Medical License by State
 - 2. DEA License- by DEA
 - 3. Malpractice Claims History
 - 4. National Practitioner Data Bank will be queried

- 5. Background Check
- 6. Reference Checks (3)

*Medical and DEA licenses reviewed for currency every two (2) years upon expiration.

2. The following questions will be asked directly to the three references provided:

1. Dates of affiliation, including temporary and emergency privileges.

From: _____ To: _____

2. Malpractice carrier for practitioner at this facility _____ Policy # _____

3. Is this practitioner associated with a management group?

If yes, please list: _____

4. Privileges were granted in the department of: _____

5. Were clinical privileges or staff membership ever revoked, reduced, limited, suspended, or denied through voluntary or involuntary means? No/Yes

a. If yes, please explain: _____

6. Was there ever a problem with medical records completion (legibility/ timeliness)? No/Yes

If yes, please explain: _____

7. Are you aware of any conflicts with patients, medical staff, or administration? No/Yes

a. If yes, please explain: _____

8. Was the practitioner ever the subject of disciplinary action or reprimand? No/Yes

a. If yes, please explain: _____

9. Was the practitioner's professional conduct and appearance ever unacceptable?

a. If yes, please explain: _____

10. Are you aware of any condition that would interfere with this practitioner's ability to perform the essential functions of his or her profession? No/Yes

a. If yes, please explain: _____

Services

15. Provide a description of your experience/capabilities providing the following services:

Primary Care

- Family Medicine and Women's Healthcare
- Acute and Chronic Healthcare
- Health Risk Assessments
- Disease Management
- Preventive and Wellness Programs
- Health Coaching
- Pharmacy, Laboratory, and Radiology Services
- Specialty Referral Management
- Measurable Results and Data Analysis

Occupational Medicine

- Prevention
- Medical Case Management
- Treatment
- Surveillance Examinations-Physical Examinations for Employees and Assess Injuries for Worker's Compensation and Disability Claims.
- Administration and Compliance-Federal and local programs, including Workers Compensation, Disability, OSHA, and EAP

TCMAi has 15 years' experience successfully completing these services within our organization. We can proudly say we have always achieved our performance guarantees which are based on these services. TCMAi takes pride in its ability to innovate and modify our procedures according to the evolution of current therapy.

16. Will your staff have hospital privileges? If yes, where?

Due to medical staff bylaws, TCMAi does not believe it is in the best interests of the City of Port St. Lucie for our physicians to have hospital privileges at local hospitals. Currently Florida hospital staff bylaws make it impossible for a physician to have admitting privileges and not also be responsible for unassigned patients that require admission from the emergency room. Furthermore, hospital admissions can be unpredictable with the amount of time required to care for these patients, most of which will not be your employees.

However, relationships at the local hospitals could be developed to assist us with the care of those employees that require admission to the hospital. TCMAi would be willing to consult on any negotiations such as, financial agreements with these entities to avoid potential claims.

17. How will patients make appointments? Explain process for scheduled appointments, same-day appointments and walk-ins (e.g. wait time expectations). Is appointment scheduling available on-line?

TCMAi will encourage all employees to utilize the patient portal to set appointments online, but appointments can be scheduled by telephone and walk-ins will be welcome.

18. What if a patient's disease process escalates?

TCMAi utilizes national standard guidelines in managing both acute and chronic diseases. Guidelines from such authorities as American Academy of Dermatology, American Academy of Family Physicians, American Academy of Neurology, American Academy of Pediatrics, American Association of Orthodontists, American College of Cardiology, American College of Gastroenterology, American College of Physicians, etc. as well as utilizing national publications, and new evidence-based research. Our providers are continually attending conferences and conducting research to assure we are utilizing the most up to date practices.

TCMAi's disease management programs include, but are not limited to:

- Diabetes
- Obesity
- Hypertension
- Smoking cessation
- Hyperlipidemia
- Heart disease
- Lipid disorders
- Chronic obstructive pulmonary disease (COPD)
- Asthma

The standard procedure to be utilized when a disease process escalates beyond the capability of the Wellness Center is to first consult with the Regional Medical Director. When appropriate, the Regional Medical Director will assist in referring the patient to the appropriate specialist who is within the City's health insurance plan.

19. What if the medical team is not available on the day the care is needed?

TCMAI has six other offices in the state of Florida that will provide support coverage. The Stuart, Sebring, and Okeechobee Urgent Care clinics currently provide support coverage as needed in case of an unforeseen
Treasure Coast Medical Associates, Inc.

absence. TCMAi also employs PRN staff to fill in shifts when the offices are in need. These services are at no additional costs.

20. What if a patient's problem occurs after hours?

If the care is required outside of normal operating hours, patients can call our after-hours answering service, with a Provider available for consultation. If it is determined at that time that the condition is such that there is immediate need for care, arrangements will be made for the most appropriate care and cost.

21. Regarding Worker's Compensation cases, what if a medical/injury condition escalates?

The standard procedure to be utilized when a medical/injury condition escalates beyond the capability of the employee health clinic is to first consult with the Regional Medical Director. When appropriate, the Regional Medical Director will assist in referring the patient to the appropriate specialist.

With the Workers Comp patients, TCMAi recognizes the importance of correctly identifying any restrictions that may be needed. Furthermore, TCMAi understands the value of correctly identifying any time off that might be required and will work with the City's Risk Management Dept. or the City's Workers Comp representative to ensure there's a clear understanding of the patient's injury and the follow-up process to ensure that the employee can be cleared to return to work. (DWC-25)

22. Describe the role of the On-Site Physician in conjunction with the City's Job Injury Case Management Services.

Worker's Compensation cases are managed by the on-site physician in collaboration with the designee through the insurance carrier and the Client's designee (eg. Risk Manager, Human Resources). TCMAi Providers will provide quality medical care for any patient presenting a work-related injury or illness. The goal is for all patients to return to work as soon as they are medically fit. The interval for re-evaluation of worker's compensation cases is based on the severity of the illness or injury.

Upon initial examination by the on-site physician, it will be determined medically if the patient can return to work at their current position or if a light duty position is necessary. This assignment will be coordinated with the Client. Patients who are seriously injured may require management with a specialist. (eg. eye injuries, bone fractures, burns, etc.)

Depending on the insurance carriers and Client preference, TCMAi is willing to co-manage these cases to insure there are no delays in the rehabilitation and return to work of injured employees.

23. Describe the process for determining fitness for duty.

TCMAi's personnel is specifically trained and certified to evaluate fitness for duty in the pre-employment phase or intra-employment phase after an injury.

TCMAi, dutifully fills out the DWC-25 form, including the all-important limitation page within 90 minutes of arrival to the clinic, and will be returned to the employee supervisor, risk manager, or any other designee of the City of Port St. Lucie.

Worker's Compensation cases are managed in collaboration with the designee through the insurance carrier

and the Client's designee (eg. Risk Manager, Human Resources). TCMAi will provide quality medical care for any patient presenting a work-related injury or illness. The goal is for all patients to return to work as soon as they are medically fit. The interval for re-evaluation of worker's compensation cases is based on the severity of the illness or injury.

Upon initial examination, it will be determined medically if the patient can return to work at their current position or if a light duty position is necessary. This assignment will be coordinated with the City's risk personnel or supervisors. Patients who are seriously injured may require management with a specialist. (eg. eye injuries, bone fractures, burns, etc.)

Depending on the insurance carriers and the City's preference, TCMAi is willing to co-manage these cases.

24. Outline your Company's Plan of Operations for:

- How many and what types of Medical Professionals will be provided?
 - Physician (MD/DO) - 1
 - Mid-Level (ARNP/PA) - 2 Full-time
 - Medical Assistant with x-ray capability (MA/RT or BXMO) - 2 Full-time
 - Medical Receptionist - 1 Full-time and 1 Part-time

- How will employees communicate with your medical team?

Employees who sign up for the patient portal will have the ability to message Medical providers directly and access any medical information on visit notes, medicine, lab results, appointment calendar, and other relevant information; TCMAi recommends this method to communicate with employee's providers.

TCMAi has a comprehensive employee communication plan including telephone, email, text alert, certified mail, and patient portal. The entire employee communication plan will be supplemented by office staff / answering service. At any time, employees will be welcome to call the office which can answer questions, schedule appointments, and leave messages for providers.

- How will you determine the standard hours of operation for member services that may differ from what is currently scheduled?

Locations, hours, and days of operation should be decided in collaboration with the City to ensure all employees have access to the clinic. TCMAi will allow the City of Port St. Lucie to re-evaluate any changes to the hours of operation at any time, up to and including increasing hours.

TCMAi also has 3 Urgent Care locations located in Jensen Beach, FL., Okeechobee, FL., and Sebring, FL. that would be available to the City of Port St Lucie employees, dependents, and retirees, at no additional cost to the City of Port St Lucie. These Urgent Cares are open seven days a week.

- Is your health risk assessment available both on-line and off-line?

Yes, TCMAi's HRA is available both on-line and off-line.

- Is your Company's website capable of being linked to the City's website?

Yes, the website can be linked to the City's website.

- Describe your ability to communicate with an employee population geographically dispersed. Provide samples.

TCMAi has experience communicating with geographically dispersed populations. Effective methods of communication are mail, direct mail, telemedicine, on-site visits, and use of scheduled visits by a mobile medical unit to visit multiple sites. TCMAi also allows City patients the use of Stuart Urgent Care, Highlands Urgent Care and Okeechobee Urgent Care.

- How could an employee access your company for Member services after hours?

If the care is required outside of normal operating hours, patients can call our after-hours answering service, with a qualified medical provider available for consultation. If it is determined at that time that the condition is such that there is immediate need for care, arrangements will be made for the most appropriate, cost effective alternative site.

- Provide your web address and any access codes needed to explore your services.

<http://www.tcmahealthcare.com/>

<http://cityfitmd.com/>

<http://stuarturgentcare.com/>

<http://okeechobeeurgentcare.com/>

<http://highlandurgentcare.com/>

<https://www.facebook.com/tcmahealthcare/>

<https://www.facebook.com/cityofwestpalmbeachemployeeandfamilyhealthcenter/>

<https://www.facebook.com/OkeechobeeUrgent/>

<https://www.facebook.com/highlandsurgent/>

<https://www.facebook.com/StuartUrgent/>

- Other than the medical equipment already in place at the PSL Employee Health Clinic, what medical equipment would you provide and what are the associated costs?

TCMAi feels that the Clinic is fully equipped.

Core Services

A.

On-Site and Near-Site Primary Care Clinics

1. Explain your philosophy on providing employer-sponsored clinic services.

TCMAi's philosophy is that we are here to serve our patients (your employees). We respond to patient flow and do not necessarily need to control it. Our providers have clinical backgrounds in urgent care and emergency medicine and are very comfortable in multi-tasking in order to see patients who walk in without appointments.

2. Are clinics open to the general public?

The on-site clinic will be dedicated for the use of City employees and its eligible medical plan participants and not accessible by the general public. TCMAi has 3 Urgent Care locations located in Jensen Beach, FL., Okeechobee, FL., and Sebring, FL. that are available to the City of Port St. Lucie's eligible employees, dependents, and retirees, at no additional cost to the City of Port St. Lucie. These Urgent Cares are open seven days a week.

3. How are appointments scheduled?

TCMAi encourages City employees to utilize the patient portal to set appointments online, but appointments can be scheduled by telephone and walk-ins are welcome.

An average of 30 minutes will be allotted for each appointment to allow for unscheduled walk-ins to be accommodated. All scheduled patients will be seen promptly (within 30 minutes) by the provider.

4. Is the appointment scheduling process available online? If so, how can patients access this service?

All eligible participants of the wellness clinic have access to TCMAi's Patient Portal powered by Meditouch. Through this online tool, participants can schedule appointments, review their medical records, request medication refills, and contact their medical provider, reducing unnecessary appointments and lost time.

5. Please describe the types of medical issues that can be addressed.

- Primary care - All Acute and Chronic conditions including but not limited to:
 - Hypertension
 - Hyperlipidemia
 - Diabetes
 - Asthma, COPD
 - Vitamin Deficiency
 - Obesity
 - Depression

- Health risk assessments
 - Well Woman Exams including pap tests
 - Physical Exams and screenings
 - Weight Management
 - Hormone Management
 - Quick MA visits for blood glucose and blood pressure checks
 - All chronic diseases are monitored and treated by the health center according to national guidelines
- Prescriptions and pharmaceutical dispensing
- Primary care case management
- Acute Care
 - Nonspecific abdominal pain,
 - Nonspecific chest pain,
 - Minor injuries (lacerations, abscesses, burns, illnesses, follow up care),
 - Fractures, Sprains, Strains (including splint application),
 - Extremity injury,
 - Rashes and skin conditions,
 - Genitourinary illnesses,
 - Coughs, flu, allergies, and sinus illnesses,
 - Minor head injuries (Eye/Ear injuries)
 - Back and neck pain
 - Ear Irrigation
 - Minor surgical procedures
 - IV fluid infusion
 - Cryotherapy
- Occupational medicine
 - Pre-Employment Exams
 - Fit For Duty Exams
 - FMLA Exams
 - Mask Fit Testing
 - PPD Testing
 - Post Offer Employment Testing
 - DOT- Department of Transportation Exams
 - Urine Drug Screens
 - Breath Alcohol Testing
 - Cardiac Stress Tests
 - Workman's Compensation Exams
- Ancillary Services
 - Lab Draws
 - Immunizations
 - Ultrasound
 - X-ray
 - B12 Injections
 - EKG Testing

6. What is the standard procedure to be utilized when a disease process escalates?

The standard procedure to be utilized when a disease process escalates beyond the capability of the Clinic is to first consult with the Regional Medical Director. When appropriate, the Regional Medical Director will assist in referring the patient to the appropriate specialist who is within the City's health insurance plan.

7. Will medications be dispensed on-site? If so, please elaborate on the selection process, scope and type to be administered, as well as the cost and/or claims filing process for dispensed medications.

TCMAi clinics dispense medication from an on-site pharmacy. Formularies are tailored based on the need of the employees and the practice style of the providing physicians. In addition, we collaborate with the group health plan and run a cost analysis to see if the proposed formularies are financially advantageous to the City.

TCMAi stocks the pharmacy with as many Tier 1 drugs as is practical. This determination will be made by TCMAi's medical expert collaborating with the relevant City designee.

Advantages of the pharmacy include employees pay no co-pay for pharmacy medication, they can receive medication during the same visit, medications are provided as 90-day refills when feasible. TCMAi clinics can e-prescribe, and the only pharmacy costs to the City are pass-through costs. TCMAi strives to obtain best value pricing for medications to ensure our clients pay the most competitive price for medication.

TCMAi currently uses Dispensing RX System, which is a fully integrated software system that tracks all medication dispensed along with all lot numbers to allow for tracking. Functions of Dispensing RX System include system alerts when stock is low, and safety features such as, alerting the provider if there is any interaction (the system will not dispense until it is addressed).

The claims filing process for dispensed medications will be managed by clinic staff and represented transparently on the pass-through costs billed to the City.

8. Please provide the following information on your proposed medical staff:

- a. Minimum Qualifications
- b. Job Duties for each individual
- c. Estimated Hourly Pay Rate(s)

Job Title: Physician (MD/DO)
\$133.55 per hour

General Summary: The Physician will be directly responsible for the diagnosis and treatment of patients and will be empowered (along with the Regional Medical Director) to make necessary changes to operations in order to ensure quality service. The Physician also provides a full scope of primary care services which fall under his/her field of training, including, but not limited to diagnosis, treatment, coordination of care, preventative care and health maintenance to patients two (2) weeks of age and above. The Physician is expected to be familiar with the philosophy, goals, and objectives of TCMAi and work collaboratively to achieve them. They must be cognizant of, and comply with, all TCMAi policies and procedures, as well as the pertinent state and federal regulations. The Physician

also acts as the collaborating physician for the mid-level staff.

Essential Job Responsibilities:

- Obtain health history and perform physical examinations.
- Diagnose and direct counseling for each patient on a plan for treatment.
- Prescribe medication in accordance with state statute and professional practice guidelines.
- Perform minor surgical procedures.
- Arrange referral for patients requiring services not offered at TCMAi.
- Review incoming reports (e.g. lab, x-ray, EKG). Sign, date, and follow-up in a timely manner.
- Comply with the TCMAi Disease Management plan which includes personally utilizing universal precautions. Ensure compliance by support staff.
- Participate in peer review, quality assurance, provider meetings, and other clinical meetings.
- Assist in updating protocols and principles of practice as requested
- Assist in outside medical public relations functions.
- Other duties as assigned.

Minimum Qualifications:

- Appropriately licensed through the State of Florida
- Extensive experience in family medicine, occupational medicine, and wellness to ensure they are comfortable treating a wide range of clinical cases

Education:

- Current State Medical License
- Current D.E.A. Certificate
- Board Eligible or Board Certified in Family and/or Internal Medicine
- Insurability (malpractice)
- Current Cardiopulmonary Resuscitation Certificate (CPR)
- Current DOT Certification

Clinical Manager- ARNP/PA

\$68.00 per hour

Job Supervisory Responsibilities: Supervise medical support staff (Medical Assistants, Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA), Front Desk Representatives).

General Summary: The On-Site Clinical Manager will be directly responsible for the diagnosis and treatment of patients and will be empowered (along with the On-Site Medical Director) to make necessary changes to operations in order to ensure quality service. The On-Site Clinical Manager also provides a full scope of primary care services which fall under his/her field of training, including, but not limited to diagnosis, treatment, coordination of care, preventative care and health maintenance to patients two (2) weeks of age and above. The On-Site Clinical Manager is expected to be familiar with the philosophy, goals, and objectives of TCMAi and work collaboratively to achieve them. They must be cognizant of, and comply with, all TCMAi policies and procedures, as well as the pertinent state and federal regulations.

Essential Job Responsibilities:

- Obtain health history and perform physical examinations.
- Diagnose and direct counseling for each patient on a plan for treatment.
- Prescribe medication in accordance with state statute and professional practice guidelines.
- Perform minor surgical procedures.
- Arrange referral for patients requiring services not offered at TCMAi.
- Review incoming reports (e.g. lab, x-ray, EKG). Sign, date, and follow-up in a timely manner.

- Comply with the TCMAi Disease Management plan which includes personally utilizing universal precautions. Ensure compliance by support staff.
- Participate in peer review, quality assurance, provider meetings, and other clinical meetings.
- Assist in updating protocols and principles of practice as requested
- Assist in outside medical public relations functions.
- Other duties as assigned.

Minimum Qualifications:

- Appropriately licensed through the Florida Board of Nursing (ARNP) or Board of Medicine (P.A.).
- Extensive experience in family medicine, occupational medicine, and wellness to ensure they are comfortable treating a wide range of clinical cases.
- Previous supervisory or management experience.

Education:

- Graduate of an accredited school of nursing.
- Graduate of an accredited Nurse Practitioner or Physicians Assistant Program.
- Current Advanced Practice Registered Nurse (APRN) or Physicians Assistant (PA) License.
- Currenty Advanced Practice Registered Nurse (APRN) or Physicians Assistant (PA) certification in speciality area.
- Insurability (malpractice)
- Current Cardiopulmonary Resuscitation Certificate (CPR).
- DEA Certification
- DOT Certification

M/ART

\$18.54 per hour

General Summary: Responsible for performing a variety of duties depending on whether it is an onsite clinic or near-site clinic. They may be involved in both the clinical and administrative areas including assisting physicians with patient care and handling clerical, environmental, and organizational tasks. Provides information to patients so they may fully utilize and benefit from the clinical services.

Essential Job Responsibilities:

- Fulfills patient care responsibilities as assigned that may include checking schedules and organizing patient flow; accompanying patients to the exam/procedure room, assisting patients as needed with walking transfers, dressing, colleting specimens, preparing for exam, etc.; collecting patient history; performing screenings per provider guidelines; assisting physicians/nurses with various procedures; charting; relaying instructions to patients/families; answering calls and providing pertinent information.
- Fulfills clerical responsibilities as assigned that may include sending/receiving patient medical records; obtaining lab/X-Ray reports, hospital notes, referral information, etc.; completing forms/requisitions as needed; scheduling appointments; verifying insurance coverage and patient demographics; managing and updating charts to ensure that information is complete and filed appropriately.
- Fulfils environmental responsibilities as assigned that may include setting up instruments and equipment according to department protocols; cleaning exam/procedure rooms, instruments, and equipment between patients visits to maintain infection control; cleaning sterilizer according to scheduled maintenance program and keeping appropriate records; ordering, sorting, storing supplies; and restocking exam/procedure rooms.
- Fulfills organizational responsibilities as assigned include respecting/promoting patient rights;

responding appropriately to emergency situations; sharing problems relating to patients and/or staff with immediate supervisor.

- Fulfills clinical medical assisting responsibilities which includes medical/surgical aspis, sterilization, instrument wrapping and autoclaving; checking vital signs or mensuration; physical examination preparations; clinical pharmacology; drug administration through various routes including injections, prescription verifications with physician's orders; minor surgery assists including surgical tray set-up pre/post-surgical care, applying dressings, and suture removal; biohazard waste disposal and monitoring; therapeutic modalities; instructing patients with assistive devices, body mechanics, and home care; laboratory procedures including Occupations Safety and Health Administration (OSHA) guidelines; quality control methods; CLIA-waived testing; capillary punctures and venipuncture; specimen handling such as urine, throat, vaginal, stool, and sputum; electrocardiography including mounting, emergency triage, and first aid. Medical Assistants must adhere to the MA scope of practice in the laboratory.
- When the supervising provider is not in the clinic, the responsibilities of the MA are narrowed to the following:
 - Checking vitals based on TCMAi Protocols
 - Scheule an appointment for a patient without triaging the patient and without making a clinical decision.
 - May issue a medication to patients that have been prescribed and dispensed, reviewed and initiated by the treating physician.
 - A lab draw that has been ordered by the provider.
 - CLIA Waived testing for patients per provider order and according to the TCMAi protocol.
 - The MA cannot make independent medical assessments, triage, prescribe, administer injections, renew prescriptions, or give any type of medical advice (even if asked) without a provider (physician, ARNP, or PA0 physically present in the office.
 - Other duties as assigned.

Minimum Qualifications:

- Minimum one (1) year of recent experience working in a medical facility as a medical assistant.
- Prior Electrocardiogram (EKG), vital signs, venipuncture, capillary, and injection experience.
- Registered Medical Assistant (RMA) Certification
- Phlebotomist Certification
- Radiologic Technician (RT) or Basic X-Ray Machine Operator (BXMO) Certification
- Current Cardiopulmonary Resuscitation Certificate (CPR) certification.
- DOT/BAT Certification

Front Desk Receptionists

\$16.50 per hour

General Summary: Fulfills clerical responsibilities as assigned that may include sending/receiving patient medical records; obtaining lab/X-Ray reports, hospital notes, referral information, etc.; completing forms/requisitions as needed; scheduling appointments; verifying insurance coverage and patient demographics.

Essential Job Responsibilities:

- Greeting patients, answering phones, taking messages and scheduling appointments
- Patient check-in and check-out
- Insurance verification and making sure all patient information is input into the computer correctly
- Scanning and uploading patient documents in a timely manner
- Assisting Providers and Medical Assistants as needed

- Patient Satisfaction Surveys
- Other duties as assigned

Minimum Qualifications:

- Prior customer service experience
- High school degree or higher
- Computer skills
- High level of professionalism.

TCMAi's Regional Medical Director and Director of Clinical Administrations will act as subject matter experts to recruit the most qualified staff possible to propose to the City of Port St. Lucie.

9. Do clinical staff receive any training prior to clinic implementation? How is this done?

Any new employee is precepted at an existing clinic for 10 days, each new hire is evaluated after 2 weeks to determine if additional training is needed. Training includes policies and procedures of the client, EMR, and TCMAi standard policies and procedures training. New clinics will receive training from our regional consultant, experienced in TCMAi practices.

10. What ongoing training do clinical staff receive once the clinic is operational?

TCMAi conducts annual training sessions on HIPAA, OSHA, Blood Bourne Pathogens, Customer Service, and CPR/First Aide/AED.

TCMAi policy is for on-site healthcare activities to each have their own set of standard procedures based on best medical practices. The On-Site Clinical Manager consistently reviews the daily procedures of medical providers and support staff. Reports are sent to Regional Medical Director. The Regional Medical Director makes unannounced visits measuring quality assurance of adherence to TCMAi policy standards. Medical providers or support staff who fail to meet 100% criteria are immediately counseled by the On-Site Clinical Manager and any necessary re-training is discussed.

11. Please describe the primary care case management process?

Primary Care Case Management begins with data collection of the employee. TCMAi believes the more data known about an employee's current condition and health habits, the more accurate will be their individualized plan of care. This data includes Health Risk Assessments, physical examination by a medical provider, lab tests, and screenings as necessary. TCMAi finds overwhelmingly that patients are more likely to comply with health plans when they've had input. As such, during initial visits the medical provider will encourage the patient to provide input when designing their plan of care. During this initial visit, decisions including timeline of visits, medications, and immediate recommendations are made based on the severity of the employee's medical condition and their health goals. Employees can request changes to their plan of care at any time by notifying their medical provider through the patient portal or calling the clinic.

TCMAi's software automatically flags high-risk patients for review with the medical director and medical provider to assess the risk and to agree upon any changes to their plan of care. Providers assigned to high-risk patients make extreme efforts to emphasize lifestyle change and explain all medical management options to employees to mitigate future health risks.

Two other important aspects of TCMAi's approach to primary care case management is patient access and our electronic medical records (EMR) system. Patient access to medical information, Wellness library, and

contact with a medical provider keeps the employee informed and current with all the information necessary to manage their health. Our robust EMR system allows efficient communication between health providers, and can even facilitate communication between the Clinic, insurance provider, and Employer to avoid miscommunication, costly redundant services, and inefficiency in the plan of care.

What is the standard procedure if a problem occurs after hours? How will the clinic handle medical staff vacations, unexpected illness, etc.? As administrator will you provide alternate staffing?

If the care is required outside of normal operating hours, patients can call our after-hours answering service, with a Provider available for consultation. If it is determined at that time that the condition is such that there is immediate need for care, arrangements will be made for the most appropriate, cost effective alternative site

TCMAi has several other clinics in the area and as such, TCMAi will always have multiple qualified staff members available to substitute for Clinic staff during their absence for any reason. staff will be cross-trained where ever possible to increase efficiency and reduce downtime.

B.

Biometric Screenings

1. Explain your process for performing biometric screenings and your recommended schedule.

TCMAi encourages all patients to complete a Health Risk Assessment (HRA) at least once a year. This is not only very beneficial for the wellbeing of the patient, but also the Biometric parameters described in the aggregate reports of our Health Risk Assessments can be directly used to measure the quality of our interventions as it relates to the reduction of risk factors at an individual level, or globally.

2. Are these services provided directly or through a subcontractor?

These services are performed directly with TCMAi employees administering the screenings.

3. List which tests are included in your biometric panel. Are biometric screenings completed via venipuncture or finger stick? What is the rationale behind your chosen method?

CBC

CMP

HgB-A1C

Lipids

T3, TSH

PSA (for men only over the age of 55)

Biometric Screenings are completed via venipuncture because it costs less and is more accurate.

4. How are results reported to the participant? Provide a sample of participant health risk profile report that participants receive after completing the biometric screening.

The patient is scheduled to return to the clinic after 48 hours to review the medical data collected from the initial visit and the lab

results with their provider. The provider goes over each piece of medical data so that the employee is fully aware and understands their current health.



Your Personalized Health Risk Assessment

Your Personalized General Health Assessment
As of 05/19/2019

Dear Test Patient,

The following report is an educational tool designed to identify health risk factors you can control and provide you with suggestions for making positive lifestyle changes.

However, this evaluation is not a substitute for a health exam from a physician, and it can't identify a specific medical problem. It can only show you how you can avoid the most common causes of illnesses and injuries for a person of your age and gender. Please see a health professional for further advice.

Test Patient, there are some risk factors you cannot control - like that you are female, and you are 48. This report will stress the things that you can control.

Average rates for illnesses and conditions are based on data gathered from the Centers for Disease Control and Prevention. They reflect current health patterns, medical practices, and environmental conditions and are adjusted based on personal information you entered. These risks are based on data and formulas from researchers at the Carter Center of Emory University's Healthier People Project, with technical support from 25 other major health agencies.

Read your report carefully, and if you have questions, contact your doctor or a health professional who can help you understand the results. If you want to show the results to your doctor, print out the page titled "Chart Report."

Thank you,

Treasure Coast Medical Associates



Your Personalized Health Risk Assessment

Your personal wellness score is 86.

Your risk level: Low

Your wellness score of 86 is in the low risk category, good for you! You still have some habits that could be improved. Drinking alcohol can cause buildup in your system that can cause many problems later in life. Start making healthier decisions now to reduce chances of health problems in the future. By looking at the responses you gave we are able to compute an appraised age, your appraised age is 45, that is great, it is less than your actual age. If you modify your habits you could reach an appraised age of 43, wouldn't that be great?

Habits to Maintain

- ◆ You don't use tobacco products.
- ◆ You wear your seatbelt.
- ◆ You drive at a safe speed.
- ◆ You get an annual Pap smear.
- ◆ You had a recent mammogram.
- ◆ You do breast self-exam regularly.
- ◆ You have low risk from alcohol.
- ◆ Your triglycerides level is within the healthy range.
- ◆ You eat a diet high in fiber.
- ◆ There is not too much fat in your diet.

Things to Change

- ◆ You need to start a weight-loss program.
- ◆ Get help in lowering your LDL cholesterol level.
- ◆ Get help in lowering your cholesterol level.
- ◆ Exercise 3 to 5 times a week.

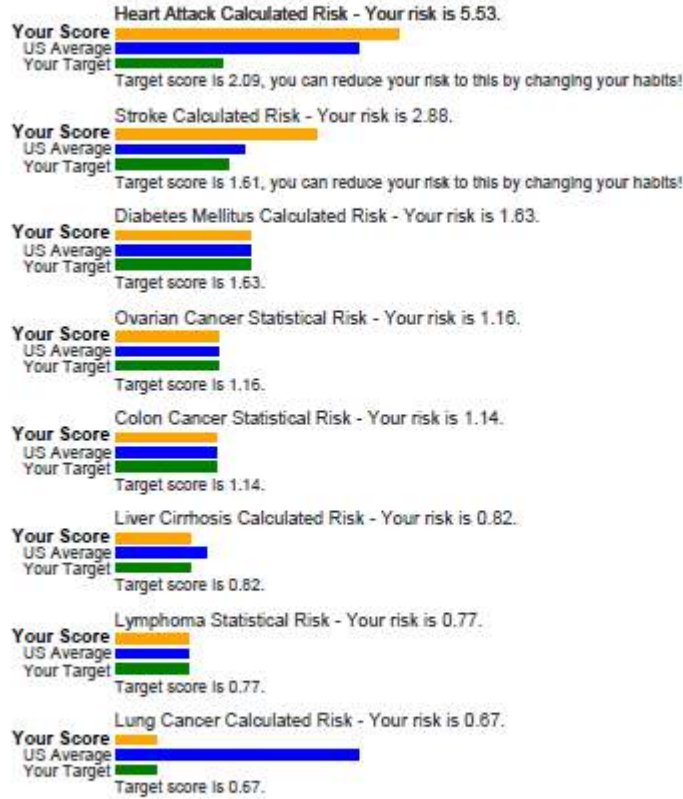
Most common causes of death for 48 year old women.

1. Heart Attack
2. Breast Cancer
3. Lung Cancer
4. Stroke
5. Diabetes Mellitus
6. Emphysema/Chronic Bronchitis
7. Ovarian Cancer
8. Colon Cancer

Your Personalized Health Risk Assessment

Your Biggest Health Risks

Most likely causes of your death for the next 10 years.
Lower numbers are better.



A score of 31 would indicate that 31 out of every 1000 people with your age, sex, race and similar habits will die in the next ten years from this risk. The U.S. average is the number of U.S. citizens per thousand your age, race and sex with average habits that will die from this risk in the next ten years.



Your Personalized Health Risk Assessment

Basic Measures Self reported

Weight: 180
 Height: 5' 1"
 BMI: 34
 Waist: 34 inches
 Blood Pressure: 120/88
 Total Cholesterol: 234
 HDL: 61
 LDL: 145
 Cholesterol Ratio: 3.8
 Triglycerides: 119
 Glucose: 75

Risk Assessment

By not smoking you have avoided the habit that causes the most illness and death in the United States.

Your weight of 180 pounds is significantly over the recommended range for people 5' 1" tall. Your Body Mass Index (BMI) is 34; most professionals agree it should be between 19.5 and 25. The healthy weight range for your height is 104 to 132 pounds.



Your Personalized Health Risk Assessment

Your blood pressure (120/88) is considered prehypertension. This means that you don't have high blood pressure now but are at increased risk of developing it in the future. High blood pressure (hypertension) can be serious. It puts extra stress on your heart and blood vessels, which could result in heart disease or stroke. Consult with your health care provider for steps to lower your blood pressure. These steps may include diet, medication, and exercise. You should also review the links and reading material recommended at the end of this report.

234 was entered for your total cholesterol. This is slightly above the ideal for cholesterol which is 200. Review the material and links supplied later in the report for ways to reduce your total cholesterol. The bad component of cholesterol is LDL cholesterol, you entered 145 as your current level. This is a considered borderline high. Ideally it should be below 100 to minimize your risks. Your HDL cholesterol (good cholesterol) was entered as 61 which is great. The recommended level is 50 or above. Another measuring stick for cholesterol is your cholesterol ratio, this is your total cholesterol divided by your HDL cholesterol, your cholesterol ratio is 3.8. This is a little high but acceptable, it would be best if you can get it below 3.5.

To be your best, a fitness program of exercise 5 times per week for 30 minutes is recommended. See the resources at the end of the report for more fitness information. Before engaging in any exercise, it is best to consult with your health care provider.

Check with your physician regarding a pelvic examination schedule that fits your situation.



Your Personalized Health Risk Assessment

Your consumption of one drink in a week is considered low to moderate. Any consumption of alcohol increases your risk for liver disease and some cancers. By limiting your drinking to a low level, you remain in control and reduce your risks.

You eat high fiber foods every day. High fiber foods include fruits, cereals, beans, and breads. These foods can help reduce some cancers.

You are keeping your diet low in saturated fats. This is reducing your risk for heart disease and hardening of the arteries. Keep up the good work!



Your Personalized Health Risk Assessment

Guide to Preventative Services Recommended for women your age.

Exercise 3 to 5 times per week
 Dental exam
 Blood pressure check
 Cholesterol test
 Pap smear test
 Rectal exam (or sigmoidoscopy)
 Breast cancer screening (check with your doctor or clinic)
 Eye exam for glaucoma
 Tetanus-Diphtheria booster shot (every 10 years)

Internet resources for more information:

- ◆ <http://www.womenshealth.gov/> – National Women's Health Information Center
- ◆ https://toma.hra.net/resource/Staying_healthy_adult.pdf – Staying Healthy
- ◆ https://toma.hra.net/resource/aim_for_healthy_weight.pdf – Aim for a health weight
- ◆ <http://www overeatersanonymous.org/> – Overeaters Anonymous
- ◆ https://toma.hra.net/resource/eating_disorder.pdf – Eating Disorder Facts
- ◆ https://toma.hra.net/resource/high_cholesterol_what_you_need_to_know.pdf – High Cholesterol; What you need to know
- ◆ https://toma.hra.net/resource/bp_lower_guide.pdf – Guide to lowering your Blood Pressure
- ◆ https://toma.hra.net/resource/heart_truth_for_women.pdf – Heart Truth for Women
- ◆ <http://www.amhrt.org> – American Heart Association
- ◆ <https://toma.hra.net/resource/dietaryguidelines.pdf> – Dietary Guidelines
- ◆ https://toma.hra.net/resource/nutrition_for_healthier_you.pdf – Nutrition for Healthier You
- ◆ https://toma.hra.net/resource/OTC_Medicines_Family_Healthy.pdf – Over the Counter Meds: Family Health
- ◆ https://toma.hra.net/resource/Family_Self_Care_Handbook.pdf – Family Self Care Handbook



Your Personalized Health Risk Assessment

Doctor's Chart Report

Date of Birth: 1/16/1970
Age: 48
Female

Self Reported Measures and Habits

Weight: 180
Height: 5'3"
Waist: 34"

Calculated body mass index: 34

Blood Pressure: 120/88
On blood pressure medicine: No
Cholesterol: 234
LDL: 145
HDL: 61
Cholesterol Ratio: 3.8
Triglycerides: 119
Diabetes: No
Fasting Glucose: 75

Tobacco use: None
Alcohol use: 1 per week
Physical activity: One or two times per week
Overall health: Fair
Life satisfaction: Mostly satisfied
Personal loss: No
Fiber in diet daily: Yes
Fat in diet daily: No
Hysterectomy: Yes
Age of menarch: 14 or older

Self Reported Preventive Services

Last Pap exam: One year ago
Last mammogram: Less than one year ago
Last rectal exam: Three or more years ago
Last clinical breast exam: Less than one year ago
Self breast exam: Once every few months

Readiness to Change

Lower Blood pressure: Yes
Regular examinations: Active
Lower Cholesterol: Active
Exercise more: Active



Employee Health Center Health Risk Assessment Instructions



3- Step Process

1. Complete labs only at the Health Center. At this time schedule your Step 3 visit to review the labs with a medical professional.
2. Complete the on-line Health Risk Assessment questionnaire. Your labs will be sent to you via patient portal.
3. Review your labs and HRA questionnaire with a medical professional.

HRA Questionnaire Instructions

1. Go to: <https://tcma.hra.net>
2. Register as a new user
Registration Number:
3. Enter your name, email, and other information as requested. Click "Submit" to create your account.
4. Click on "Health Risk Assessment" to begin the assessment.
5. Respond to each question and select "next" once complete. Once all questions are answered you are ready for Step 3.

YOUR HEALTH IS
OUR PRIORITY

Hours of Operation
Monday - Friday:
Saturday:

www.tcmahealthcare.com





Welcome Treasure Coast Medical Associates Admin!

- [Assessment Home](#)
- [Account Setting](#)
- [Change Password](#)
- [Logout](#)

- [Body Mass Index](#)
- [Body Fat Estimator](#)
- [Ideal Weight](#)
- [Target Heart Rate](#)
- [Waist to Hip Ratio](#)
- [MORE](#)



Your Next Step

You have completed the health risk assessment and given us some baseline information. That is great! If you have time and feel up to it, now would be a good time to take a fitness assessment. You will do some pushups, situps, a step test and a reach test. It will take about 20-30 minutes to complete, and you need a watch or clock with a second hand, a tape measure, yard stick and some masking tape. Click on Fitness Assessment to get started.

Assessments

Health Risk Assessment



You took this assessment 02-07-2016.
Our Health Risk Assessment provides you with your health risks and habits that you can change to

Cardiac Risk Assessment



You have not taken this assessment.
The Cardiac Risk Assessment help you determine your risk for heart disease and stroke.

Administration

- [Run group reports.](#)
- [Go to Admin area.](#)

Assessment History

- Taken: 02-07-2016 - John Doe
Health risks [Review] [Printable PDF Version] [Completion Certificate]
- Taken: 02-07-2016 - John Doe
Health risks [Review] [Printable PDF Version] [Completion Certificate]
- Taken: 12-21-2015 - Leslie Sparks
Health risks [Review] [Printable PDF Version] [Completion Certificate]

Health Risk Assessment

Our General Health Risk Assessment provides you with your health risks and key habits that you can change to live healthier.

Health Risk Input

Page 2 of 7

Use the back and next buttons at the bottom of the page to move between the pages, DO NOT use the buttons on your browser or keyboard to change pages.

Have you ever been told that you have diabetes?

Do you have a personal history of cardiac disease, such as high blood pressure, stroke, heart attack, or congestive heart failure?

Are you now taking medicine for high blood pressure?

What is your blood pressure now?
Systolic (high number):
Diastolic (low number):

What is your Glucose level? mg/dl

What is your Triglycerides level? mg/dl

What is your LDL cholesterol (also known as bad cholesterol)? mg/dl

What is your HDL cholesterol (also known as good cholesterol)? mg/dl

What is your TOTAL cholesterol level? mg/dl

- 5. Provide a client report sample that summarizes the aggregate data results for all members participating in the biometric screening.

Group Summary Report

Group Health Risk

This report will show the information gathered through the health assessments survey conducted with your group. Complete data was collected on 333 individuals. Graphs will show you how the group ranks as a whole, what their achievable risks are, the diseases and modifiable habits that affect your group.

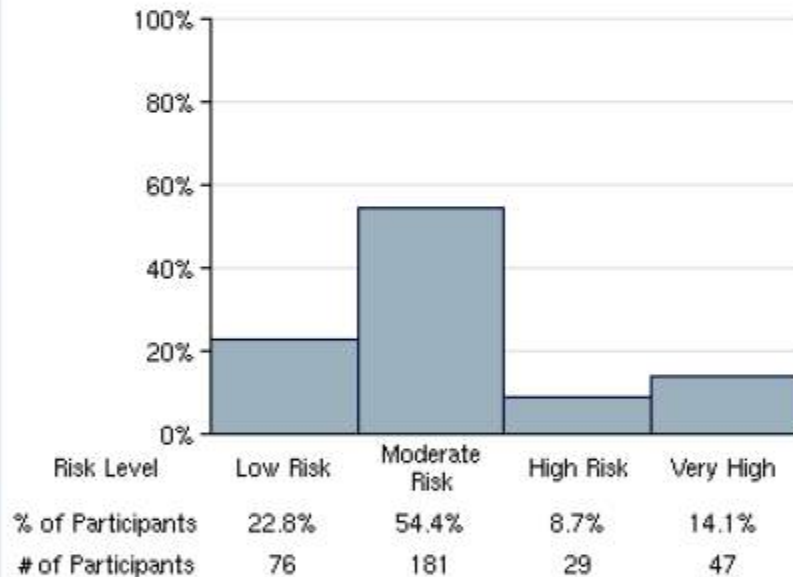
Low risk members are the healthiest and statistically have the best chance of living long and healthy lives. These people eat properly, watch their weight and diet, and use good sense in regards to traffic safety.

Those in the moderate risk group are "average", they may be a touch overweight or have one or two habits that while not the healthiest are not causing any serious problems. People in this group respond well to health promotion since they do not have far to go.

The high risk group has one or more categories where they are more than twice the average statistical risk for their sex and age. This group will suffer some health care problems, and will benefit greatly from intervention programs.

Very high risk individuals are at significant risk for an early death from disease or accidents. These people can cost their employers in high insurance claims and absenteeism due to health issues and accidents.

Current health risk levels



Graph created using data within the specified criteria from:
◆ Health Risk Assessment

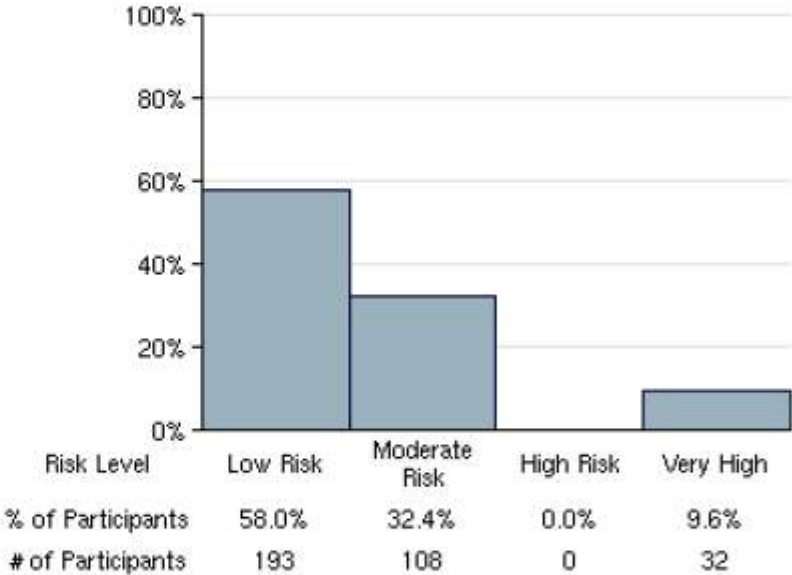


Achievable Risk

Achievable Group Risk

The achievable risk graph shows what could happen if the group were to follow all the recommendations for good health. While this won't eliminate all risks, it will significantly decrease them.

Participants achievable risk levels



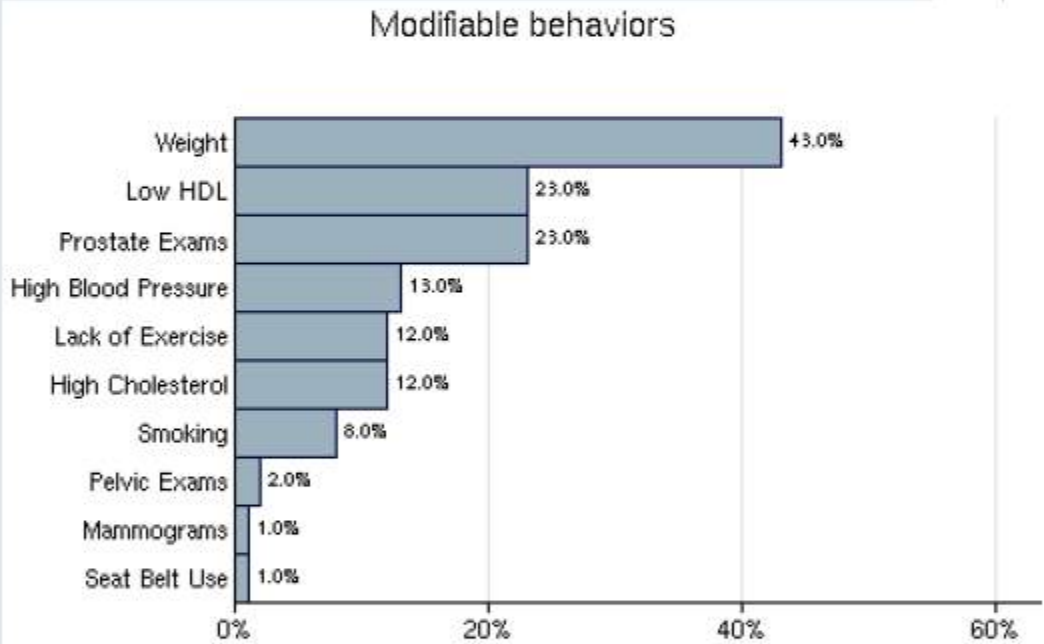
Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Modifiable Behaviors

Group Contributing Risk Factors

Members of this group have many habits that if modified would decrease the risks of disease and accidents. This graph shows of those with modifiable behaviors, the percentage negatively affected by each behavior. Maximize your intervention programs by targeting the largest segments.



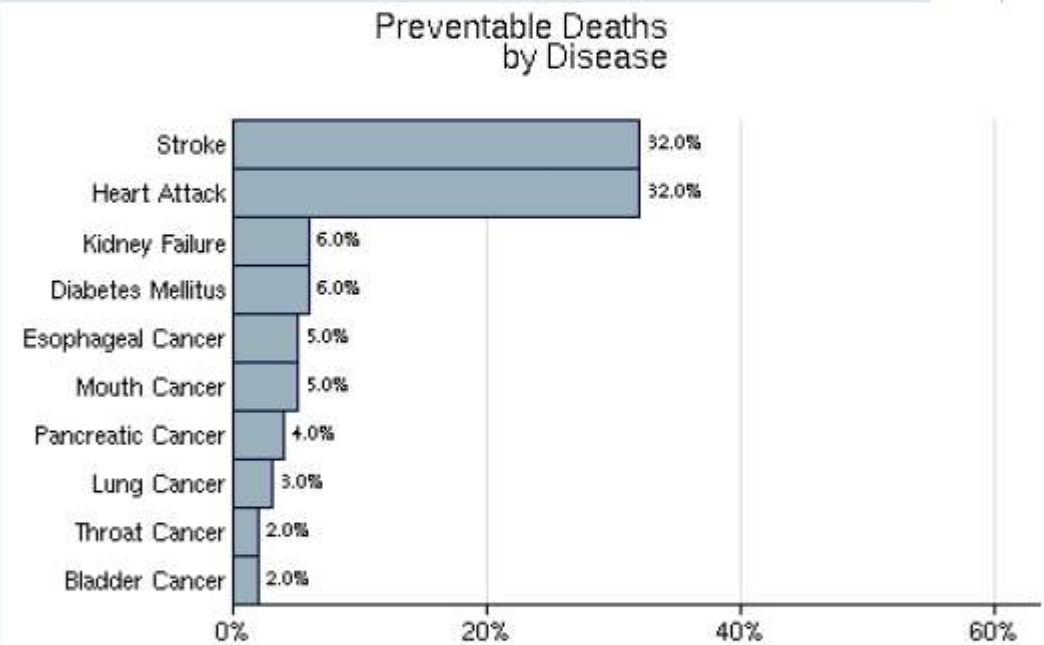
Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Specific Disease Risks

Preventable Deaths by Disease

Based on the results of the assessment, the graph will show the impact of risky behavior based on the number of participants with above average risks for each disease.



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Cardiac Risk Report

Cardiac Assessment Results

These are the results from your members that have taken the disease specific cardiac risk assessment. Complete data was collected on 24 individuals. This graph shows the break down of cardiac risk across your group.

Cardiovascular disease is the No. 1 cause of death in the United States and it has been for the past 80 years. According to the American Heart Association, in 2008, cardiovascular disease represented 1 out of 3 deaths in America. It remains a major cause of disability and results in substantial health care expenditures.

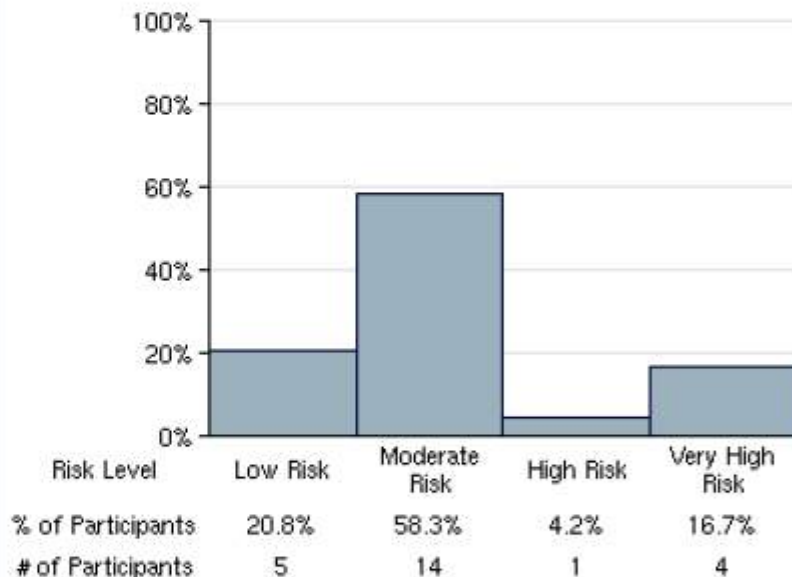
A person's risk of cardiovascular disease is influenced by factors such as smoking, high blood pressure, high blood cholesterol, diabetes, being overweight or obese and physical inactivity. Cardiac risk also increases with age and also if a member has a close relative who had heart disease at an early age. Most of the above factors are highly modifiable if members choose to adopt healthy lifestyles.

This assessment measures the risk of having a heart attack or dying from coronary heart disease in the future based on risk factors present in the group. Cardiac assessment is recommended for people age 20 and above. By 40, everyone should be aware of their cardiac health status and risk reassessed every 5 years.

If the risk score is low, members should still be vigilant with their cardiovascular health. Even one risk factor, such as high cholesterol, that is not treated may lead to a higher risk later in life.

It is essential to analyze the group's cardiac risk and make plans or programs to minimize risk factors. Working to modify all risk factors present by promoting a healthy diet, a healthy weight, smoking cessation and an active lifestyle will benefit cardiovascular as well as overall health.

Cardiac risk levels



Graph created using data within the specified criteria from:
 ♦ Cardiac Risk Assessment



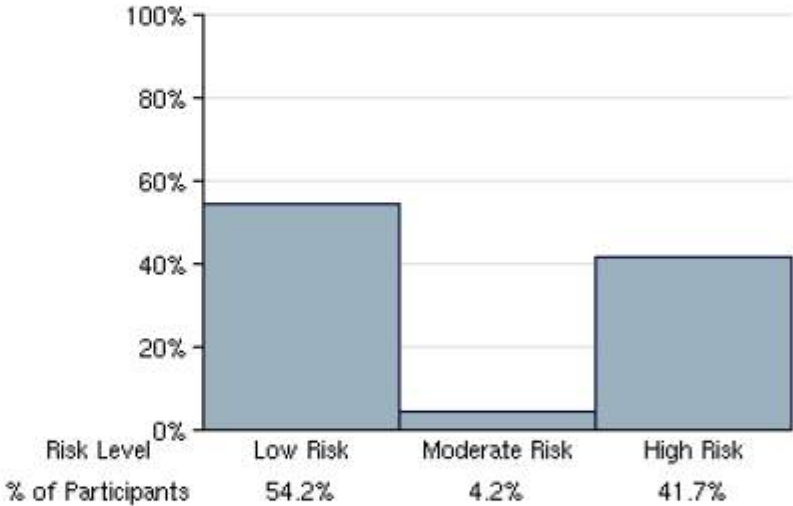
Diabetes Risk Report

Diabetes Assessment Results

25.8 million children and adults in the United States - 8.3% of the population - have diabetes. 79 million Americans are estimated to have pre-diabetes. Most people with pre-diabetes develop type 2 diabetes within 10 years, unless they make changes to their diet and physical activity that results in a loss of about 5-7 percent of their body weight.

These are the results from your members that have taken the disease specific diabetes risk assessment. Complete data was collected on 24 individuals. This graph shows the break down of diabetes risk across your group.

Diabetes risk levels



Graph created using data within the specified criteria from:
◆ Diabetes Risk Assessment



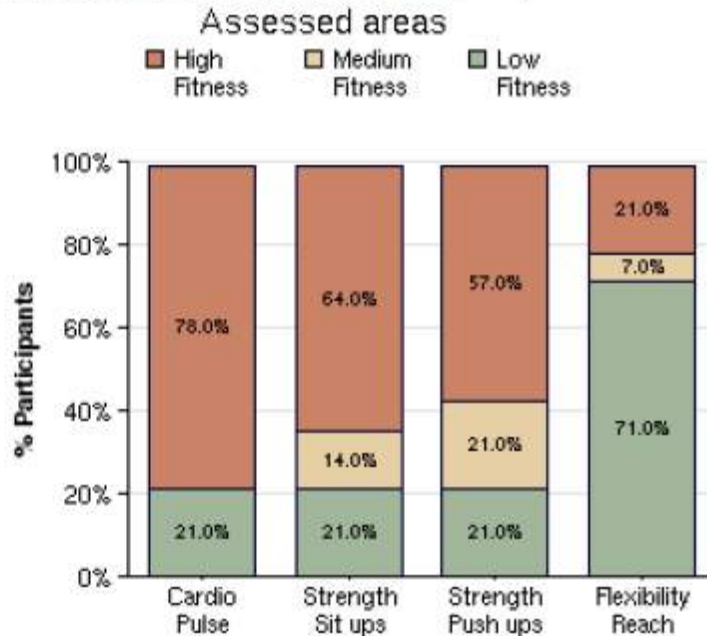
Fitness Report

Fitness Assessment Results

These are the results from your members that have taken the fitness assessment. Complete data was collected on 14 individuals. This graph shows the break down of the physical condition in four different areas for your group.

Significant health benefits can be obtained by including a moderate amount of physical activity (e.g., 30 minutes of brisk walking or raking leaves, 15 minutes of running, 45 minutes of playing volleyball). Additional health benefits can be gained through greater amounts of physical activity.

Heart disease is the leading cause of death among men and women in the United States. Physically inactive people are twice as likely to develop coronary heart disease as regularly active people.



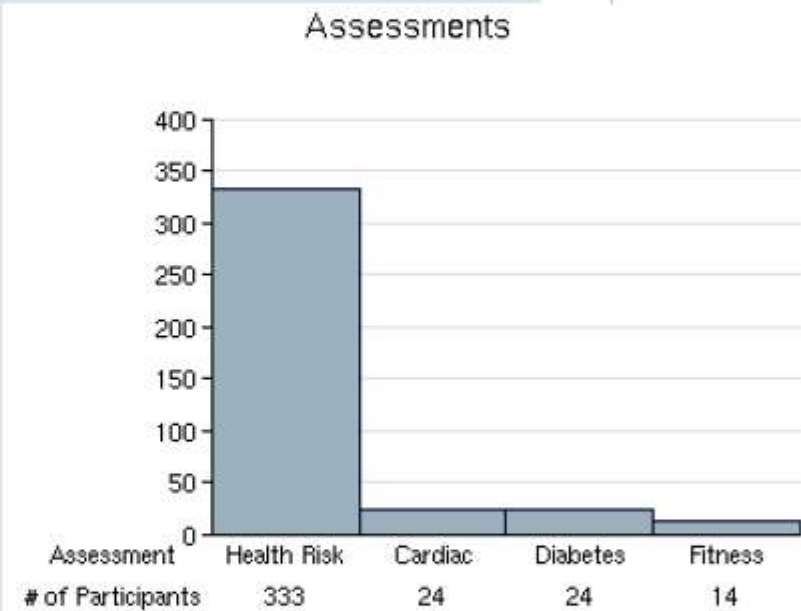
Graph created using data within the specified criteria from:
 ◆ Fitness Assessment



Total Assessments Taken

Number of Assessments Taken

This graph indicates the number of each assessment your group has completed. This can help put in perspective the graphs in this report, that show the results as percentages.



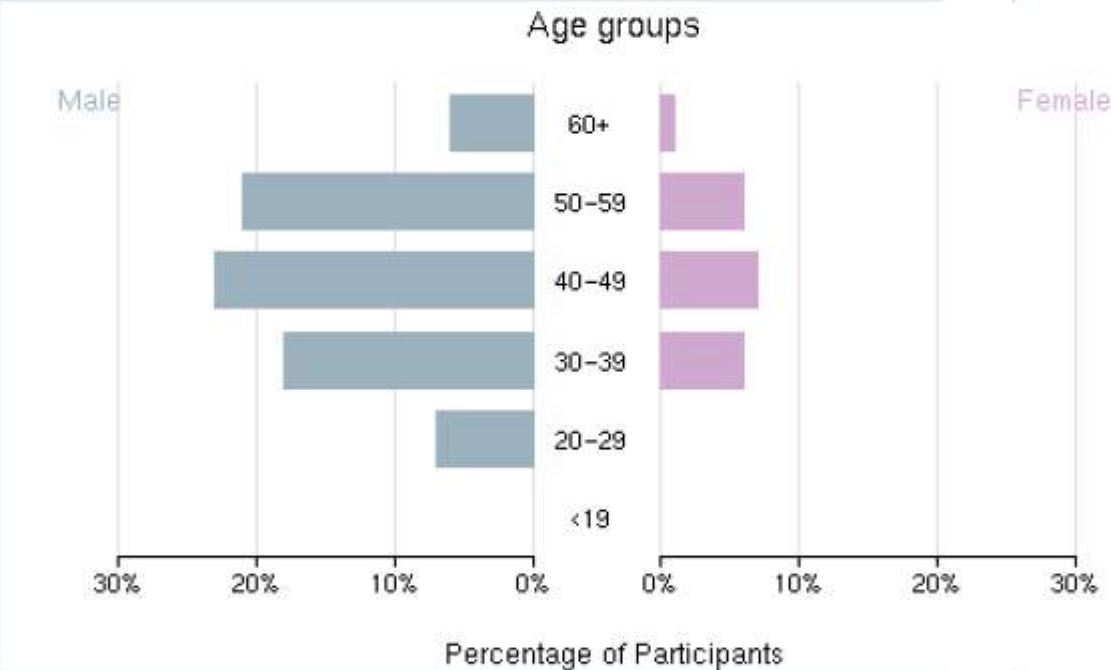
Graph created using data within the specified criteria from:
◆ All Assessments



Age and Gender Demographics

Gender by Age Group

Knowing the age and gender of your group is important as you analyze the results. In many instances younger people will show lower risk levels, even if they have poor health habits. Changing these modifiable habits before they become ingrained will significantly reduce their risks as they get older. Women can reduce their risks by having regular pelvic and breast exams.



Graph created using data within the specified criteria from:
◆ All Assessments



Alcohol

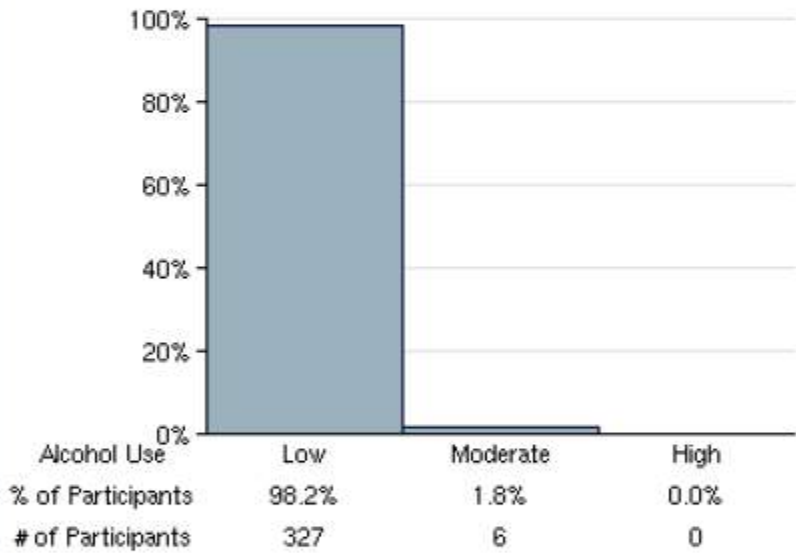
Drinks in a Week

Alcohol induced deaths increased from 2009 to 2010 and chronic liver disease remains in the top 15 causes of death. Healthy People 2020 reported in 2011, 28.1% of adults age 18 and older born in the U.S. reported that they engaged in binge drinking during the past 30 days, almost one and a half times the rate for adults born outside the U.S.

Males that drink eight or less drinks in a week and females that drink four or less drinks in a week are categorized as low use. Men that drink fifteen or more drinks in a week or women that drink more than seven drinks in a week are considered to be high users.

This group has fewer moderate and heavy drinkers than the US average. Of this group, 8 participants out of 333 reported either drinking and driving or riding with someone who had too much to drink in the last month.

Group Alcohol Use



Goal:



Less than 24.4% of adults age 18 and older engage in binge drinking during the past 30 days.

Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Blood Pressure

Group Blood Pressure

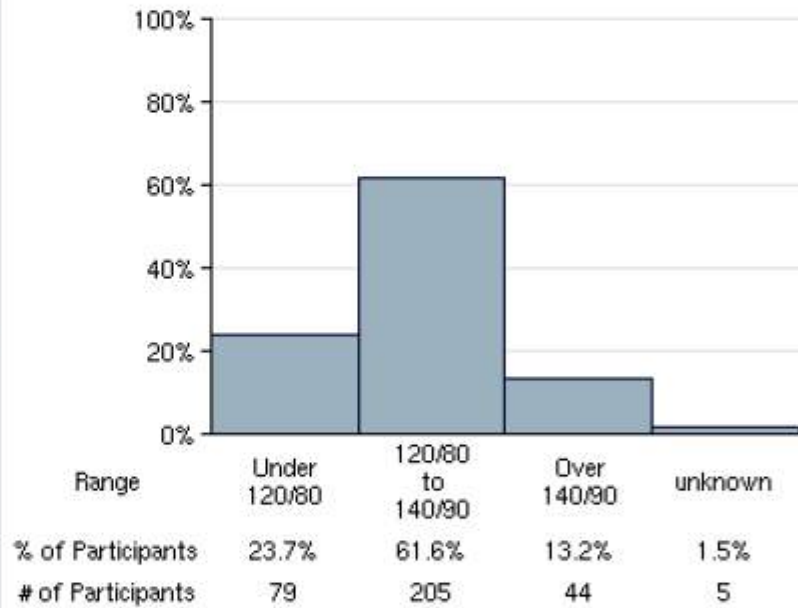
High blood pressure is known as the silent killer and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 76.4 million adults in the United States have high blood pressure. About 69% of people who have a first heart attack, 77% who have a first stroke, and 74% who have congestive heart failure have blood pressure higher than 140/90 mm Hg. The estimated direct and indirect cost of high blood pressure in 2008 is .6billion.

Both the systolic and diastolic readings must be below 120/80 for the user to achieve a normal or low ranking. If either the systolic or diastolic parts of the blood pressure exceed 139/89 the person is considered to have high blood pressure. When both the systolic and diastolic numbers fall between these ranges it is called prehypertension. Those with prehypertension are at increased risk for progression to hypertension.

Lifestyle modification is a cornerstone in the prevention and delay of progression of hypertension. To achieve goal blood pressure, individuals must aim for normal weight, consume a high fiber, low fat and low salt diet and engage in regular aerobic physical activity.

There are a high number of participants with blood pressure higher than recommended. Of these, 65 are on medication to reduce their blood pressure. 23 individuals in this group have high blood pressure and are not taking medicine for it.

Blood pressure ranges



Goal:

Less than 26.9% of adults with high blood pressure/hypertension.



Graph created using data within the specified criteria from:
 ◆ Cardiac Risk Assessment
 ◆ Health Risk Assessment



Cholesterol

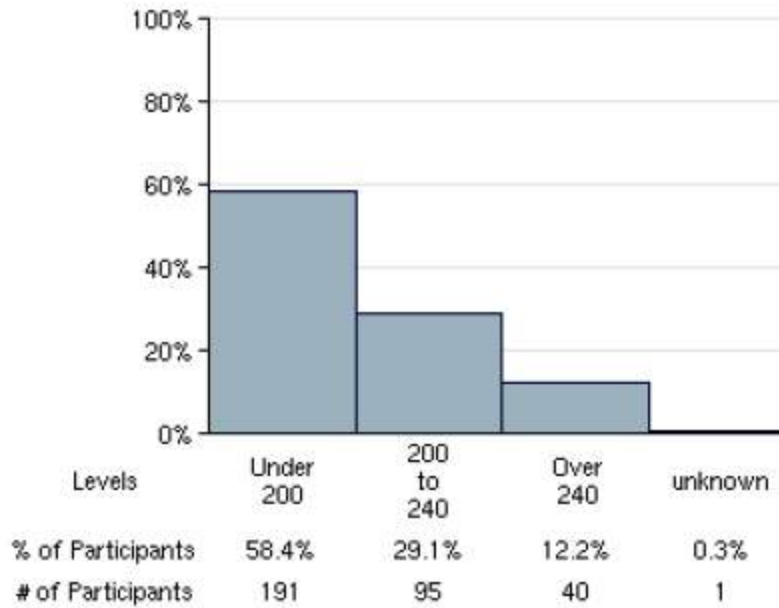
Group Cholesterol

High blood cholesterol is a major risk factor for heart disease. 33.6 million Americans have total blood cholesterol levels of 240 mg/dL or higher. In a survey conducted by the Centers for Disease Control 23 percent of the individuals reported they have never had their cholesterol checked.

Blood cholesterol levels less than 200 mg/dL are considered desirable. Levels of 240 mg/dL or above are considered high. Levels of 200-239 mg/dL are considered borderline. This group is below the US average for high cholesterol.

Primary prevention works best to decrease cardiovascular disease that results from high cholesterol. Encouraging a healthy diet with low saturated fat and cholesterol, regular physical activity and sustained weight loss reduces cardiac risk. Cholesterol-lowering therapy for members with high levels also show great benefits in decreasing heart disease risk.

Cholesterol levels



Goal:

Less than 13.5% of the population with high cholesterol.



Graph created using data within the specified criteria from:
 ♦ Cardiac Risk Assessment
 ♦ Health Risk Assessment

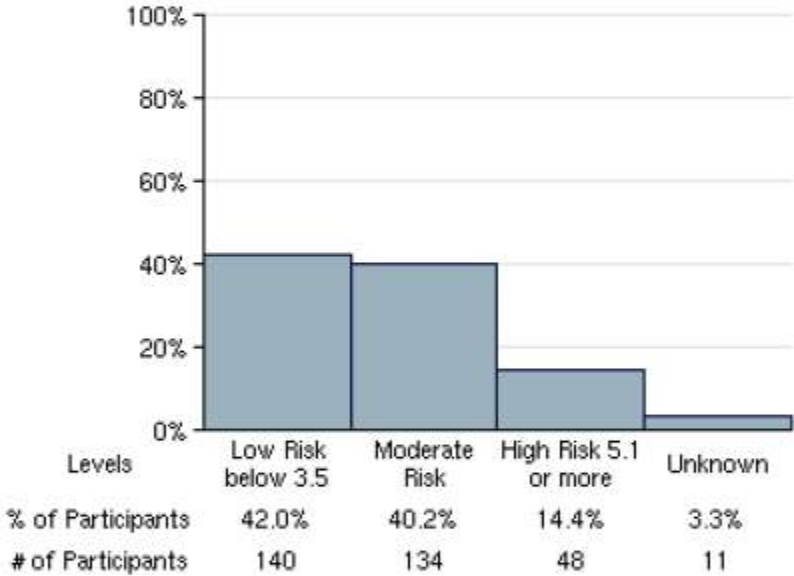


Cholesterol Ratio

Group Cholesterol Ratio

Cholesterol ratio is obtained by dividing the high-density lipoprotein (HDL or "good") cholesterol level into the total cholesterol. For example, if a person has a total cholesterol of 200 and an HDL cholesterol level of 50, the ratio would be 4:1. The goal is to keep the ratio below 5:1. The optimum ratio is 3.5:1.

Cholesterol Ratio



Goal:



Less than 13.5% of the population with high cholesterol.

Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment
◆ Health Risk Assessment



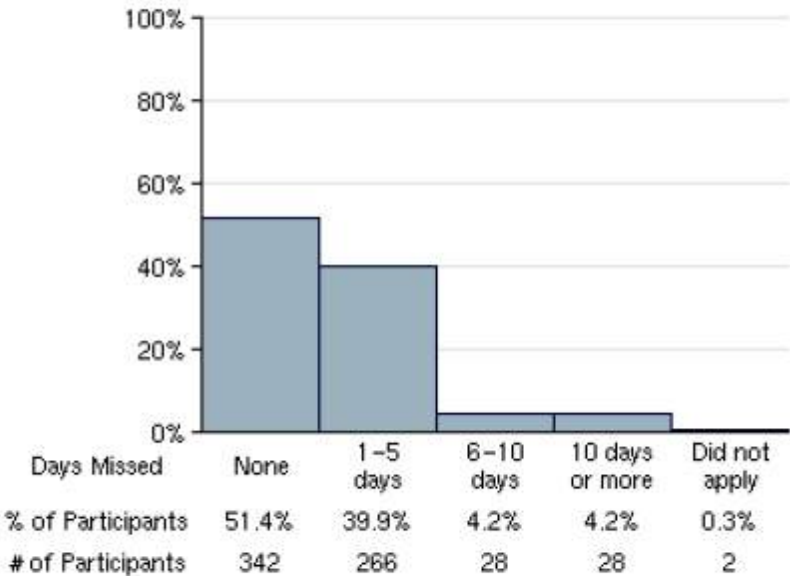
Days missed

Group days missed

The number of days missed due to illness by your population can tell you a lot. People will miss fewer days when they enjoy their work, have a good working environment, and don't feel overwhelming stress or pressure.

Make sure everyone has a workstation that works for them. Desks should be the proper height for the tasks usually performed and chairs need to have good back support. Good lighting is also important to reduce eyestrain and glare which can lead to headaches and stress.

Days missed



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Dietary Habits

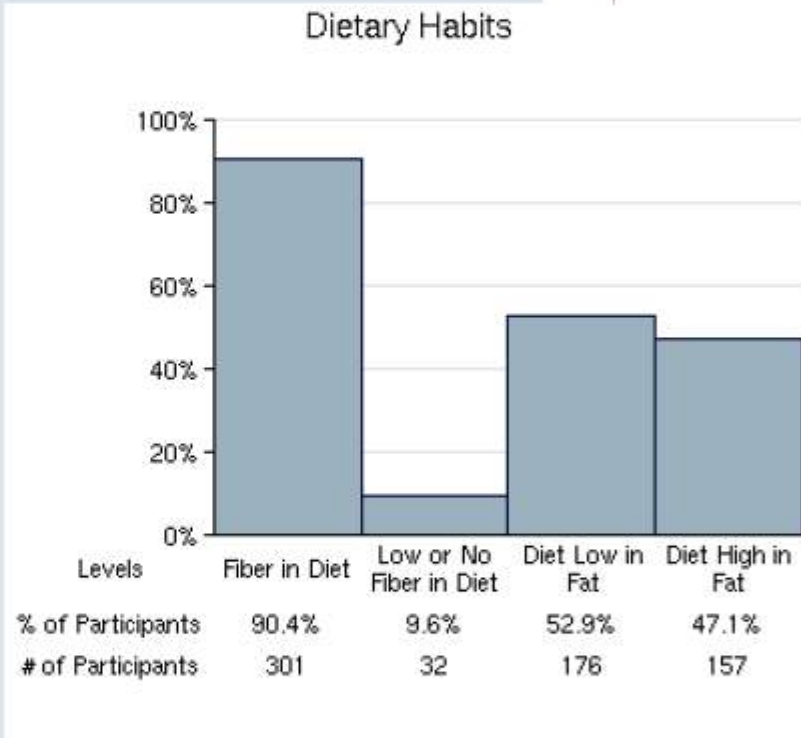
Fiber and Fat

The recommended dietary fiber intake is 14 grams per 1,000 calories consumed. For example, for a 2000 calorie pattern, the fiber recommendation is 28 grams per day. This is based on the recommendations set forth by the 2010 Dietary Guidelines for Americans. You can find the amount of fiber in a food on the Nutrition Facts label of a product.

Some of the best sources of fiber include: beans and peas, vegetables, fruits, whole grains, and nuts.

Fats and oils are part of a healthful diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. High intake of saturated fats, trans fats, and cholesterol increases the risk of unhealthy blood lipid levels, which, in turn, may increase the risk of coronary heart disease. A high intake of fat (greater than 35 percent of calories) generally increases saturated fat intake and makes it more difficult to avoid consuming excess calories. A low intake of fats and oils (less than 20 percent of calories) increases the risk of inadequate intakes of vitamin E and of essential fatty acids and may contribute to unfavorable changes in high-density lipoprotein (HDL) blood cholesterol and triglycerides.

Dietary Habits



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



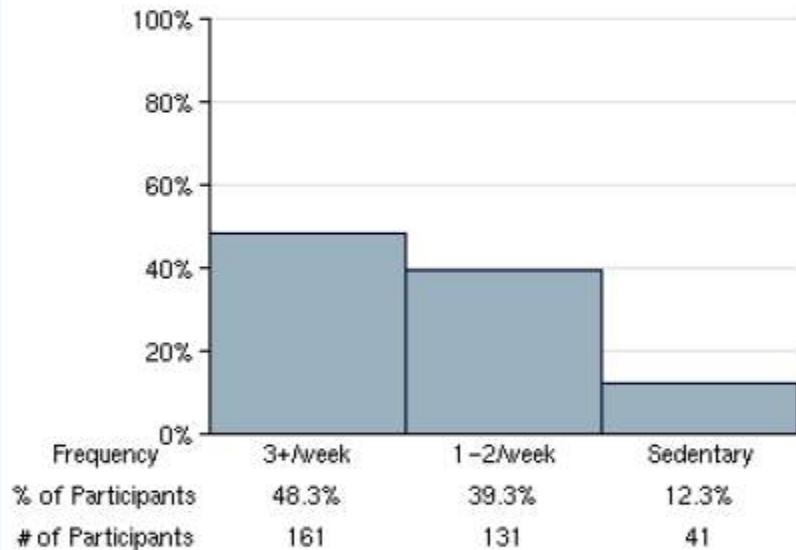
Exercise

Group Exercise Habits

Regular physical activity throughout life is important for maintaining a healthy body, enhancing psychological well-being, and preventing premature death. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure.

Between 1999 and 2009, the percentage of men 18 years of age and over who met the 2008 federal aerobic activity and muscle-strengthening guidelines increased from 19% to 22%. Among men, the percentage who met the guidelines for those 45-64 years and 65 years of age and over increased during this period, although their levels were lower than among younger men. In 2009, 12% of men 65 years of age and over met the guidelines, compared with 28% of men 18-44 years of age. Throughout this period, women were generally less likely to meet the guidelines than men in the same age group. The percentage of women 18 years of age and over who met the guidelines increased during this period, from 12% to 16%. As with men, the percentage who met the guidelines increased during this period for women 45-64 years and 65 years of age and over. The percentage of women who met the guidelines decreased with age (9% of women 65 years of age and over compared with 19% of women 18-44 years in 2009).

Exercise frequency



Goal:



20.1% of adults aged 18 years and older meet the current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity.

Graph created using data within the specified criteria from:
 ◆ Cardiac Risk Assessment
 ◆ Health Risk Assessment



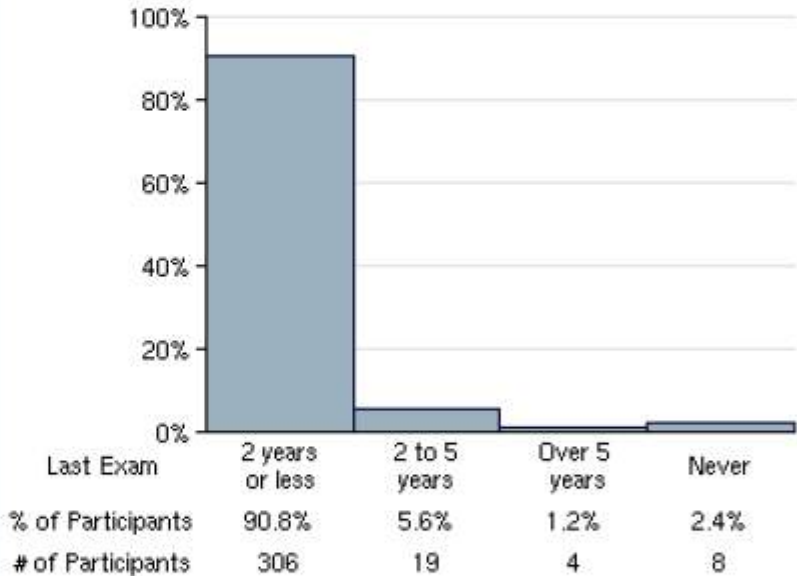
General exam

Group general exam

In medicine, the (annual) general medical examination is a common form of preventive medicine involving visits to a general practitioner by asymptomatic adults on a regular basis. This is generally yearly or less frequently. It is known under several other names, such as the periodic health evaluation or preventive health examination.

The term is generally not meant to include visits for the purpose of newborn checks, Pap smears for cervical cancer, or regular visits for people with certain chronic medical disorders (for example, diabetes). The general medical examination generally involves a medical history, a (brief or complete) physical examination and sometimes laboratory tests.

Time since last general exam



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



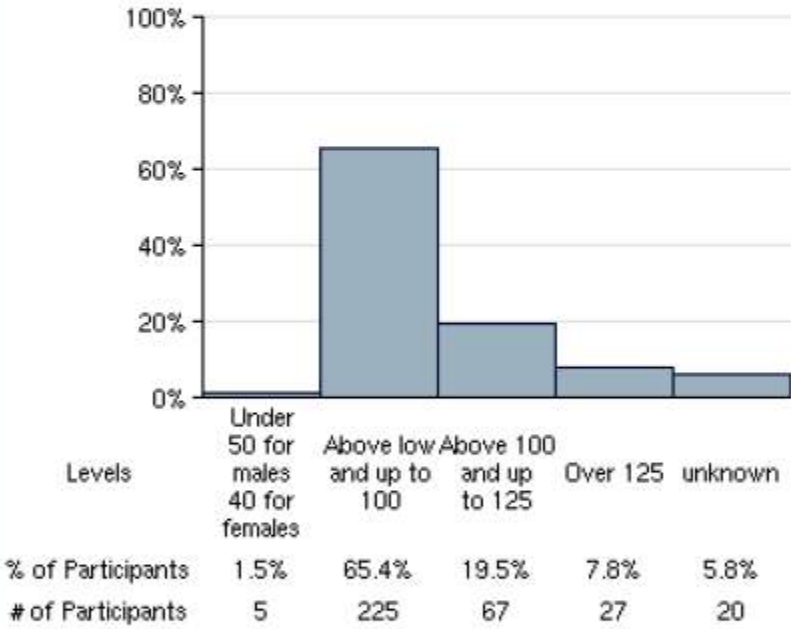
Glucose

Group Glucose

A blood glucose test measures the amount of sugar (glucose) in a sample of blood. Glucose is a major source of energy for most cells of the body, including those in the brain.

Levels vary according to the laboratory, but in general up to 100 milligrams per deciliter (mg/dL) are considered normal. Persons with levels between 100 and 126 mg/dL may have impaired fasting glucose or prediabetes. These levels are considered to be risk factors for type 2 diabetes and its complications. Diabetes is typically diagnosed when fasting blood glucose levels are 126 mg/dL or higher.

Glucose levels



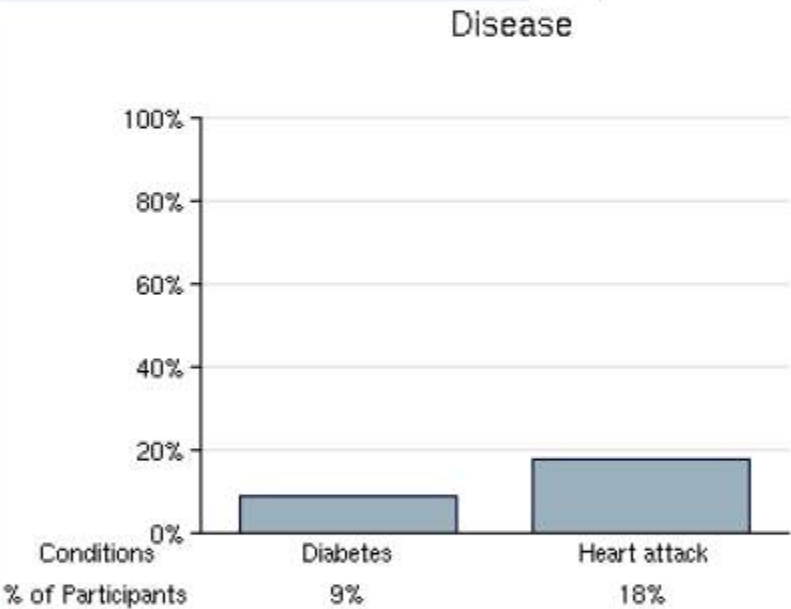
Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment
◆ Health Risk Assessment



History - Personal

Personal Conditions

These are the results from your members that have answered questions regarding their own disease history. This graph shows the number of self reported personal conditions within the group.



Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment



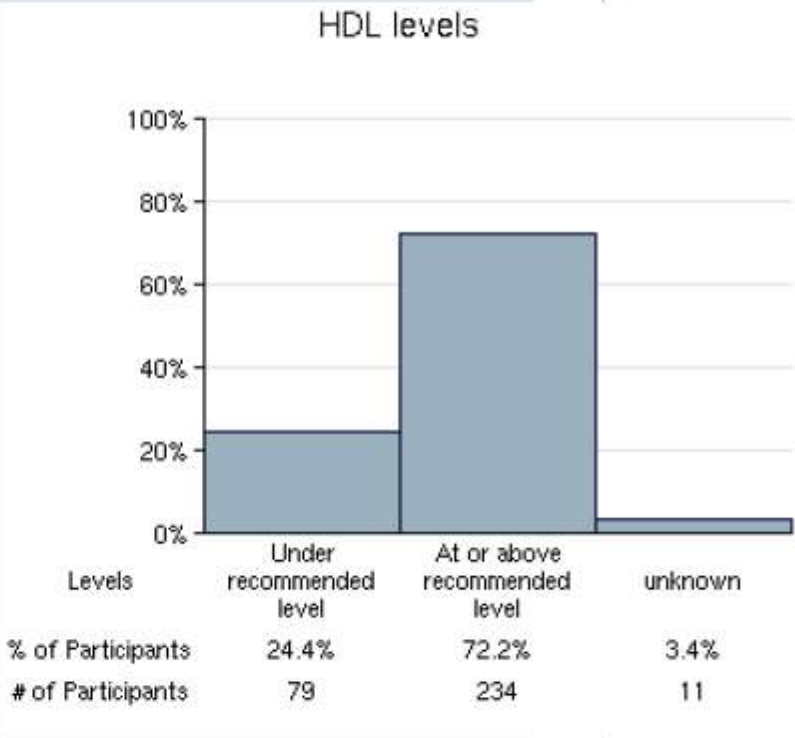
HDL

Group HDL

With HDL (good) cholesterol, higher levels are better. Low HDL cholesterol (less than 40 mg/dL for men, less than 50 mg/dL for women) puts you at higher risk for heart disease. In the average man, HDL cholesterol levels range from 40 to 50 mg/dL. In the average woman, they range from 50 to 60 mg/dL. An HDL cholesterol of 60 mg/dL or higher gives some protection against heart disease. The mean level of HDL cholesterol for American adults age 20 and older is 54.3 mg/dL.

Smoking, being overweight and being sedentary can all result in lower HDL cholesterol. To raise your HDL level, avoid tobacco smoke, maintain a healthy weight and get at least 30-60 minutes of physical activity more days than not.

HDL levels



Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment



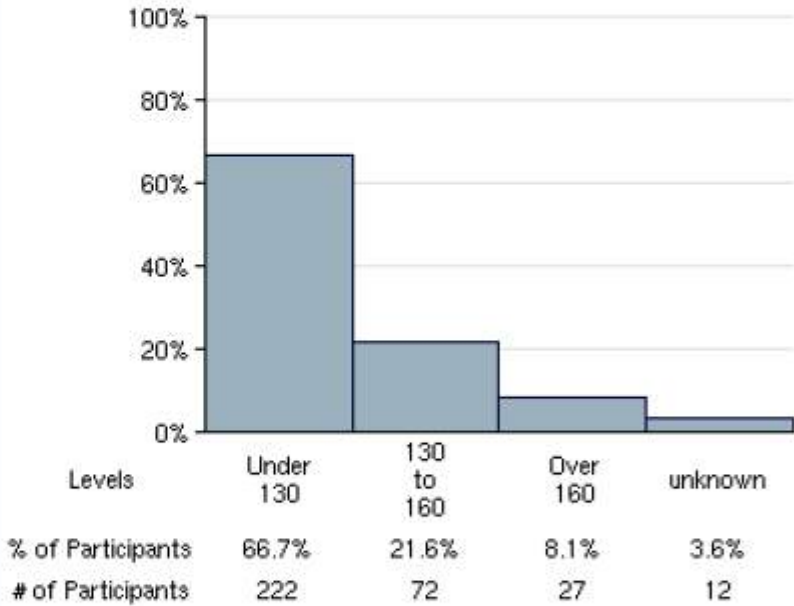
LDL

Group Ldl

The lower the level of LDL cholesterol, the lower the risk of heart attack and stroke. In fact, it's a better gauge of risk than total blood cholesterol.

Other risk factors for heart disease and stroke help determine what a healthy LDL level should be, as well as the appropriate treatment.

LDL levels



Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment
◆ Health Risk Assessment



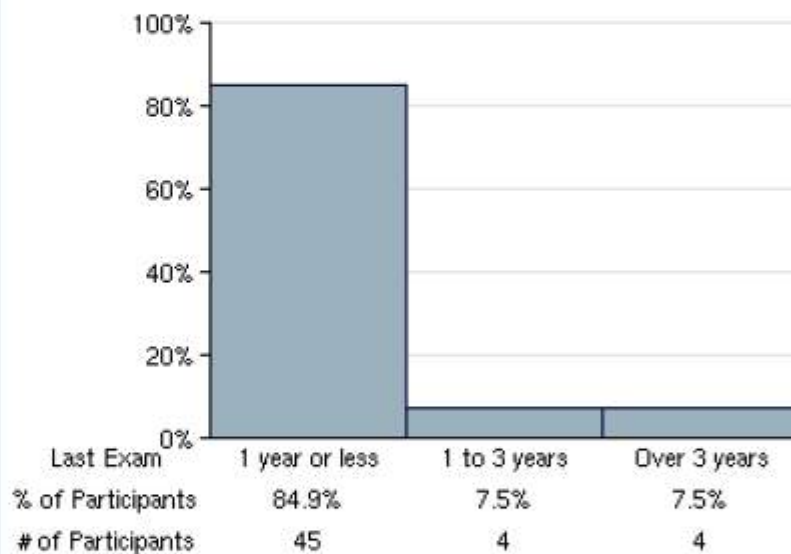
Mammograms

Group Mammograms (females 40 and older)

Besides skin cancer, breast cancer is the most commonly diagnosed cancer among U.S. women. More than 1 in 4 cancers in women (about 28%) are breast cancer. In 2011, an estimated 230,480 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 57,650 new cases of non-invasive (in situ) breast cancer. About 39,520 women in the U.S. are expected to die in 2011 from breast cancer, though death rates have been decreasing since 1990. These decreases are thought to be the result of treatment advances, earlier detection through screening, and increased awareness.

Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women aged 50 to 74 years and about 17 percent in women aged 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening. There are a high number of participants in your group that have not had a screening recently.

Time since last mammogram



Goal:

81.1% of females aged 50 to 74 years receive a breast cancer screening based on the most recent guidelines.



Graph created using data within the specified criteria from:
 ◆ Health Risk Assessment



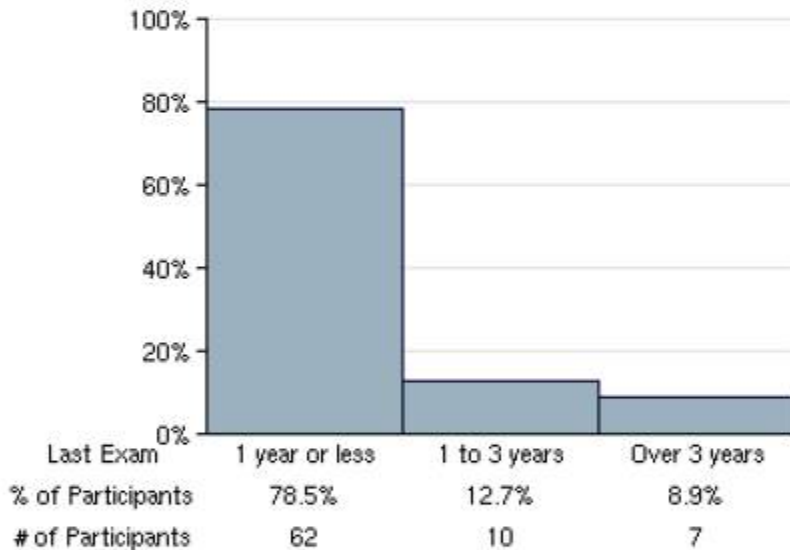
Pelvic Exams

Group Pap Examinations

Cervical cancer is the 10th most common cancer among females in the United States. It is estimated that 12,170 women will be diagnosed with and 4,220 women will die of cancer of the cervix uteri in 2012. The number of new cases of cervical cancer is higher among females from racial and ethnic groups other than white females. Cervical cancer accounts for about 1.7 percent of cancer deaths among females. Infections of the cervix with certain types of sexually transmitted human papilloma virus increase risk of cervical cancer and may be responsible for most cervical cancer in the United States.

Considerable evidence suggests that screening can reduce the number of deaths from cervical cancer. Invasive cervical cancer is preceded in a large proportion of cases by precancerous changes in cervical tissue that can be identified with a Pap test. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and followup; that is, almost all cervical cancer deaths could be avoided if all females complied with screening and followup recommendations. There are a high number of participants in your group that have not had a screening recently.

Time since last Pap



Goal:

93% of women receive a cervical cancer screening based on the most recent guidelines.



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



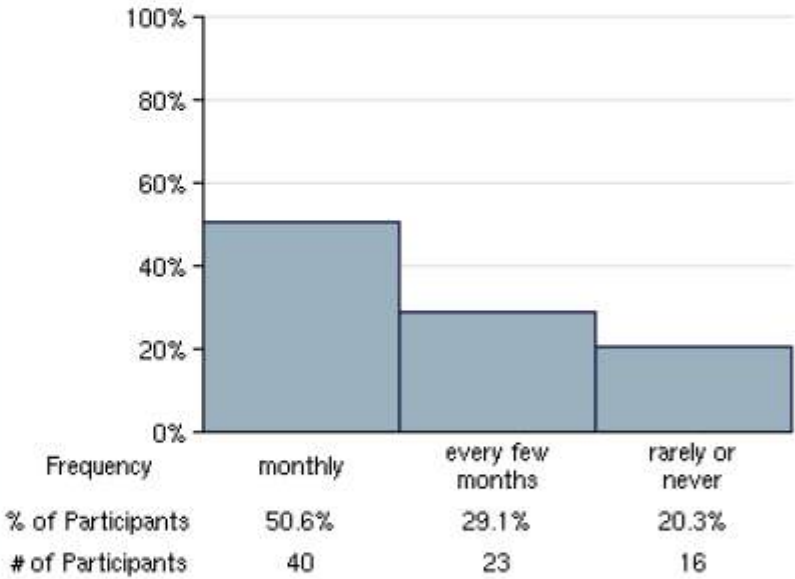
Self Breast Exam

Self Breast Exam Habits

The American Cancer Society recommends that women age 20 or older should perform a breast self-examination (BSE) every month. By doing the exam regularly, you get to know how your breasts normally feel and you can more readily detect any signs or symptoms.

Women who follow the above recommendations from the American Cancer Society have the best chance of early detection and the best prognosis should cancer be found. Breast cancer will affect one in eight women during their lifetime, this is up from one in twenty in the 1960's. There are a high number of participants in your group that have not been performing self exams as often as they should.

Frequency of Self Breast Exam



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Male Prostate Exam

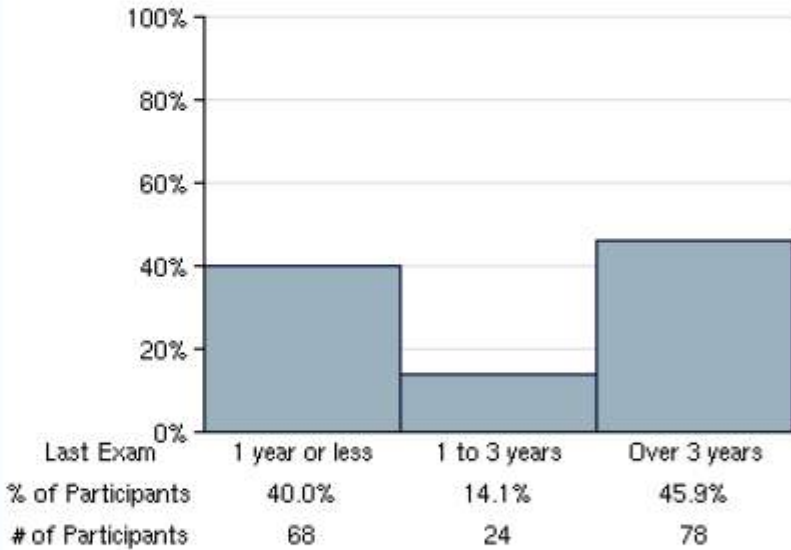
Group Prostate Exams (males 40 and older)

The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society believes that men should not be tested without learning about what we know and don't know about the risks and possible benefits of testing and treatment.

Starting at age 50, talk to your doctor about the pros and cons of testing so you can decide if testing is the right choice for you. If you are African American or have a father or brother who had prostate cancer before age 65, you should have this talk with your doctor starting at age 45. If you decide to be tested, you should have the PSA blood test with or without a rectal exam. How often you are tested will depend on your PSA level.

There are a high number of participants in your group that have not had a screening recently.

Time since last prostate exam



Graph created using data within the specified criteria from:
◆ Health Risk Assessment



Seatbelts

Group Seatbelt Use

Motor vehicle crashes are often predictable and preventable. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes. As of January 2011, the national safety belt use rate was 85 percent. Still, every 14 seconds, an adult in the United States is treated in an emergency department for crash-related injuries. In 2010, 32,885 people were killed in the estimated 5,419,000 police-reported motor vehicle traffic crashes; 2,239,000 people were injured.

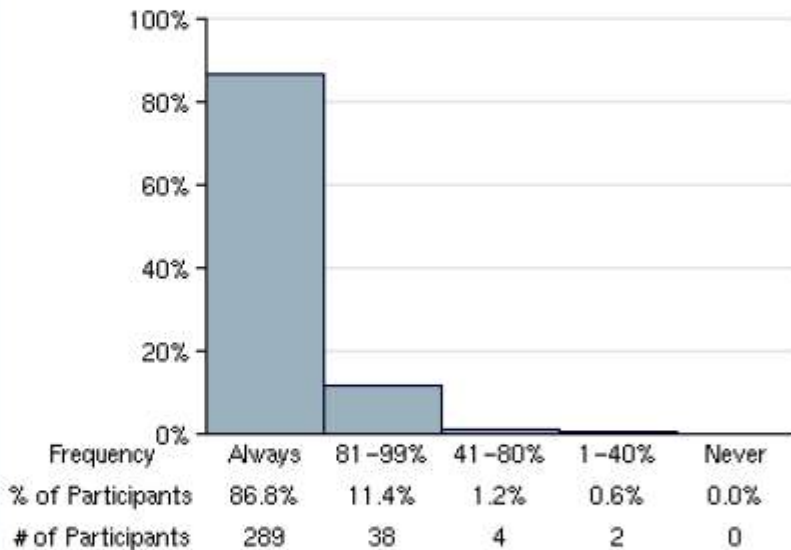
Motor vehicle crashes are the leading cause of death for people age 11 through 27. Adult seat belt use is the single most effective way to save lives and reduce injuries in crashes. The percentage of adults who always wear seat belts increased from 80% to 85% between 2002 and 2008. Even so, 1 in 7 adults do not wear a seat belt on every trip. Primary enforcement seat belt laws make a big difference in getting more people to buckle up.

When used properly, seatbelts reduce the risk of fatal injury to front seat vehicle occupants by 45 percent. In rollovers, seatbelts are 80 percent effective in preventing death in light trucks and 74 percent effective in cars.

In 2011, 9,878 people were killed in alcohol-impaired-driving crashes. These alcohol-impaired-driving fatalities accounted for 31 percent of the total motor vehicle traffic fatalities in the United States.

This group of participants is doing very well in regards to seatbelt usage. Of this group, 8 participants reported either drinking and driving or riding with someone who had too much to drink in the last month.

% of trips seatbelts used



Goal:

Increase the use of safety belts to 92% usage.

Graph created using data within the specified criteria from:
 ♦ Health Risk Assessment



Smoking

Group Smoking Habits

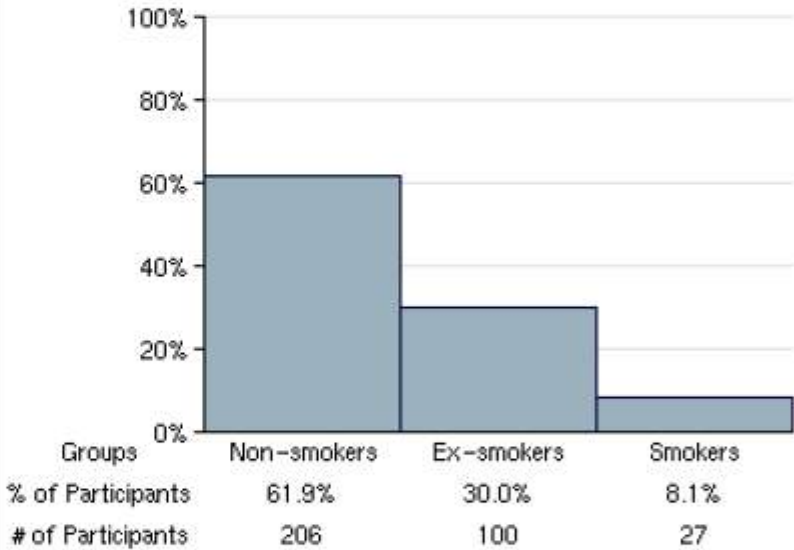
Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires combined.

More people die from lung cancer than any other type of cancer, in 2003 it accounted for more deaths than breast cancer, prostate cancer and colon cancer combined.

In the US, tobacco use is responsible for nearly 1 in 5 deaths; this equaled an estimated 443,000 premature deaths each year between 2000 and 2004. In addition, an estimated 8.6 million people suffer from chronic conditions related to smoking, such as chronic bronchitis, emphysema, and cardiovascular diseases.

Since 2004, smoking rates have changed little; in 2008, an estimated 21% of adults, or 46 million Americans, smoked cigarettes. Your group has fewer smokers than the national average of 24% smokers.

Smoking status



Goal:
Less than 12% of adults smoke.



Graph created using data within the specified criteria from:
◆ Cardiac Risk Assessment
◆ Health Risk Assessment



Triglycerides

Group Triglycerides

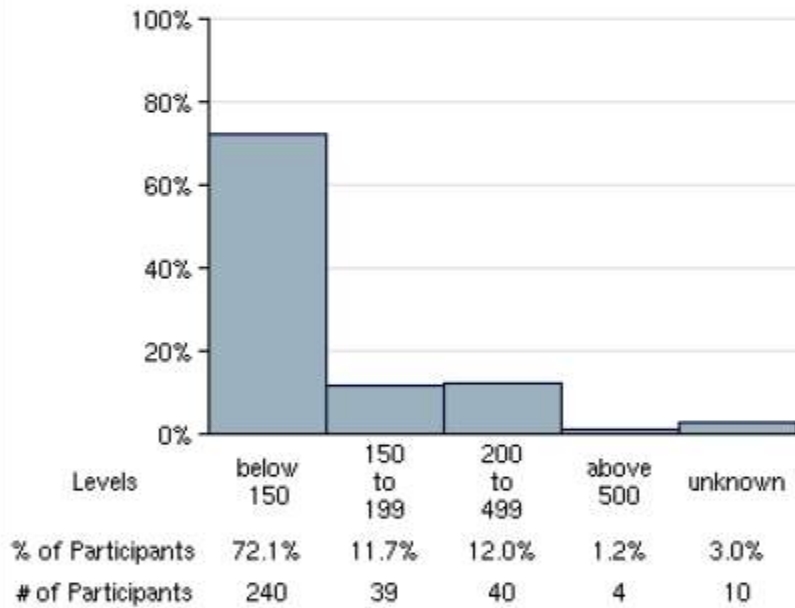
Triglycerides and cholesterol are both fatty substances known as lipids. But triglycerides are fats; cholesterol is not. Cholesterol is a waxy, odorless substance made by the liver that is an essential part of cell walls and nerves.

Pure cholesterol cannot mix with or dissolve in the blood. Therefore, the liver packages cholesterol with triglycerides and proteins in carriers called lipoproteins to transport it to sites throughout the body. An elevated triglyceride level increases the risk of heart disease.

Triglyceride levels are usually measured whenever you have a blood test called a Lipid Profile. Everyone over age 20 should have their cholesterol checked at least every 5 years. Your health care provider can check your cholesterol and triglyceride levels by taking a sample of blood, which is sent to a lab for testing. The Lipid Profile shows your triglyceride level, total cholesterol level, HDL cholesterol (high-density lipoprotein or "good" cholesterol) and LDL (low-density lipoprotein or "bad" cholesterol) levels.

Changes in lifestyle habits are the main therapy for hypertriglyceridemia.

Triglycerides levels



Graph created using data within the specified criteria from:
 ◆ Cardiac Risk Assessment
 ◆ Health Risk Assessment

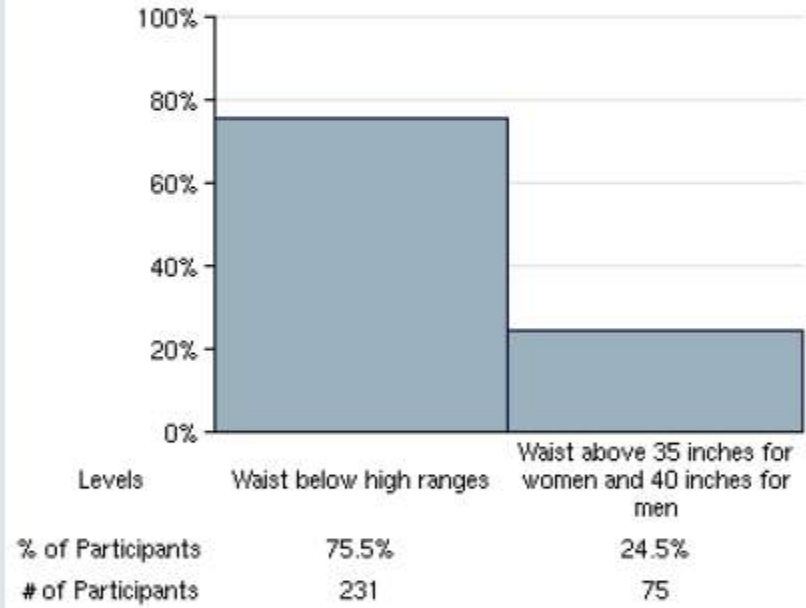


Waist


Group Waist

Measuring waist circumference helps screen for possible health risks that come with overweight and obesity. If fat is stored around the waist rather than at the hips, the individual is at higher risk for heart disease and type 2 diabetes. This risk goes up with a waist size that is greater than 35 inches for women or greater than 40 inches for men.

Waist Measurement



Goal:
 Reduce the proportion of adults who are obese to 30.5%.



Graph created using data from:

◆ Health Risk Assessment



Weight

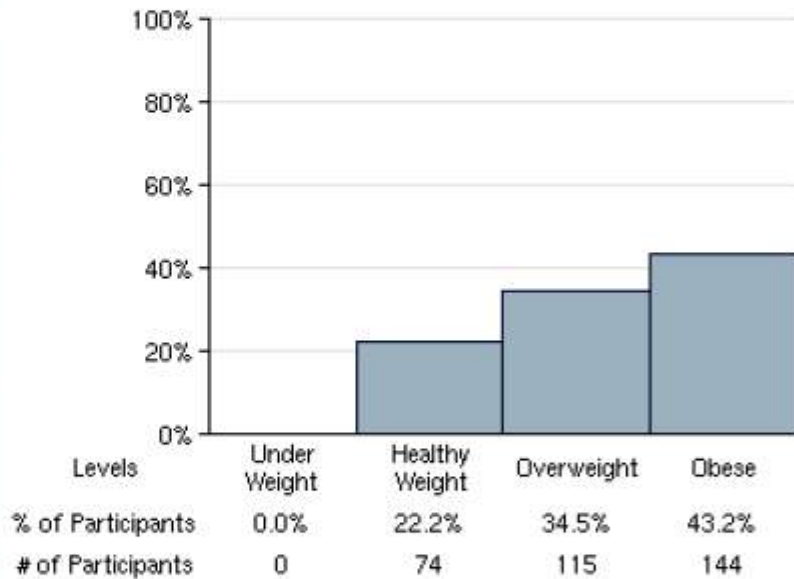
Group Weight

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Americans who are 30 or more pounds over a healthy weight cost the country an estimated billion in weight-related medical bills in 2008, double the amount a decade ago, according to a study by government scientists and the non-profit research group RTI International.

More than half of adults in the United States are estimated to be overweight or obese. The proportion of adolescents from poor households who are overweight or obese is twice that of adolescents from middle- and high-income households. Obesity is especially prevalent among women with lower incomes and is more common among African American and Mexican American women than among white women. Among African Americans, the proportion of women who are obese is 80 percent higher than the proportion of men who are obese. This gender difference also is seen among Mexican American women and men, but the percentage of white, non-Hispanic women and men who are obese is about the same.

While one in every three American adults is obese, two in every three others suffer from being overweight, stated the Centers for Disease Control and Prevention (CDC) officials in their recent report. There is a large percentage of participants above their healthy weight.

Weight levels



Goal:



Increase the proportion of adults who are at a healthy weight, raising it from 30.8 percent to 33.9 percent and reduce the percent of obese adults from 34.0 percent to 30.5 percent.

Graph created using data from:

- ◆ Cardiac Risk Assessment
- ◆ Diabetes Risk Assessment
- ◆ Fitness Assessment
- ◆ Health Risk Assessment



6. Describe follow up and provide examples for low, moderate, and high-risk individuals. How do you define these categories?

The first process is a risk stratification mechanism, or algorithm (a step-by-step procedure for decision-making). TCMAi uses this to analyze health care utilization data we harvest from our EHR for each of the City's enrolled eligible members. This data represents the City employee's prior health care utilization. (this is taken during the first visit in the HRA process). It also incorporates the new data from the final results of our HRA screen. TCMAi analyzes this data, per the requirements contained in this RFP, to identify enrolled eligible City employees with higher risk and more complex health care needs.

Simultaneously, a second phase occurs in the HRA survey process. TCMAi uses the HRA survey data to assess each enrolled City member's current health risk within 7 days of enrollment for those identified by the risk stratification method or algorithm as higher risk, and within 14 days of enrollment for those identified as lower risk

The third part of the process is to supervise and initiate changes in the high-risk individuals risk prevention directed care.

The fourth part is to circle back around at 1-3-month intervals to assure that the risk mitigation plan crafted for the individual is causing the expected outcomes in terms of an individual's risk reduction.

An aggregate report is then created that is HIPPA compliant and can be provided to the City at regular intervals.

TCMAi clinics have used HealthStatus Health Assessments for the last 8 years.

Risk Factors:

- Alcohol
- Blood Pressure
- Cholesterol
- Dietary habits
- Exercise
- Glucose
- HDL
- LDL
- Last mammogram
- Last pelvic exam
- Breast exam

- Prostate exam
- Seatbelt use
- Smoking
- Triglycerides
- Waist
- Weight

7. Please describe turnaround time for each of the following areas:
- a. Providing the screening results to individuals.

2-3 days with venipuncture.

- b. Contacting individuals for possible interventions.

The HRA that TCMAi currently utilizes, is a broad spectrum of tests that are beneficial for identifying risk factors of underlying high claim targets. The employee will start with having their vital signs (blood pressure, height, weight, blood oxygen level, and pulse) taken during the visit for their labs to be drawn. During this initial visit the employee will also undertake an EKG to evaluate their current heart health. If anything is irregular during this initial visit the employee will meet with the provider before they leave. If not, the employee will return once the labs are back within 48 hours to review the medical data collected from the initial visit and the lab results with their provider. The provider goes over each piece of medical data so that the employee is fully aware and understand their current health. There will be a generic disease management pharmacy located on the premises. If there is a need for the employee to be put on medication during this visit to lower abnormal test results, the medication will be dispensed before the end of the visit. The patient will be asked to come in for a follow up appointment 2 weeks after to ensure the medication is having the desired effect by rerunning any tests that were previously abnormal. The employee will then return bimonthly to ensure the medication is working to achieve the desired result. Any abnormal tests that can be managed by proper diet and exercise will be discussed with the patient on their return of the bimonthly visit, to help coach the employee to make the proper lifestyle changes to enable them to no longer need this medication.

- c. Providing City with a summary report of the initial screening results.

Aggregate reports that do not contain patient specific information is sent on an annual basis to show the overall health of the employees. HRA information is protected under HIPAA and the patient's specific results

would not be shared with the employer. On a weekly basis the clinic sends over a report stating which employee has completed their annual HRA.

EEOC Ruling on HRA information not being shared with employer.

<https://www.eeoc.gov/laws/regulations/qanda-ada-wellness-final-rule.cfm>

8. Please describe how your organization would provide a system to assist screening participants in completion of their questionnaires and in the interpretation of their personal profile.

Currently, clinic staff is available at all times to assist City employees in completing the questionnaire and interpreting their personal profile. In addition, the staff travels in the field to perform on-site one day HRAs. If a fingerstick (eg.RBS) is performed out in the field the results are given and discussed with the patient that day. Otherwise the employee visits the Employee Health Center to review and discuss their results with a Provider.

9. What level of participation can the City expect in years one, two and three of this program?

Participation varies greatly based on a range of factors including: the attitudes of the employee population, participation incentives, the average age and health of the employee population, and the success of the communication plan to raise awareness of the clinic; and most importantly, the quality of service the clinic provides. After analyzing similar clinics of comparable employee populations in Florida, TCMAi subject matter experts anticipate participation levels of:

Year 1: 63%

Year 2: 71%

Year 3: 79%

10. Please describe your plan to involve new employees in the screening process.

The HRA is encouraged to all new employees during the tour and presentation of the health center during their Orientation. We also send out Direct Mail pieces twice a year to educate the employees.

11. Explain how your screening monitors and reports individual change from year to year?

TCMAi has an online HRA website that produces aggregate reporting on the overall health of the employees that have completed their HRA. After each year is completed a report can be generated to compare previous year's results with the current year. This enables TCMAi to show the City the benefits of their employees acknowledging their HRA results and receiving coaching from TCMAi staff.

C.

Data Analysis & Reporting

1. Address how you would propose to review clinic operations and its effectiveness. This should include standards and measurement criteria for clinic healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

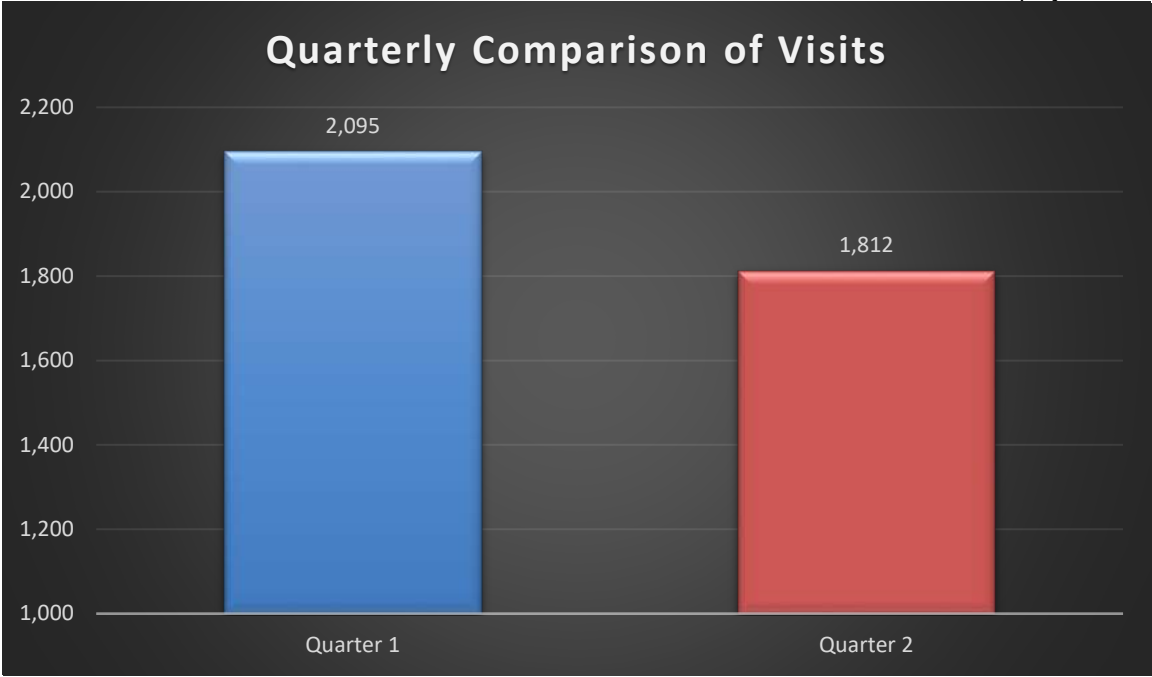
TCMAi proposes to provide monthly, quarterly, and yearly reports that include utilization, Physician and Mid-Level hours of availability, utilization, capacity, prescriptions dispensed internally and externally, types of medications dispensed, visit types, referrals, patient satisfaction survey results, and return in investment.

TCMAi will lower health insurance costs by increased number and quality of health assessment screenings, more engaged and targeted wellness programs, constant wellness coaching, increased pharmacy services, and other services for employees and their dependents. The success of these services and costs will be calculated on an ongoing basis to ensure costs meet the City of Port St. Lucie's needs and avoid unforeseen expenses.

TCMAi believes that Participant engagement is crucial to the success of an employee health and wellness clinic. TCMAi will collaborate with the City of Port St. Lucie to produce and implement a robust strategic awareness program, at no additional cost. This awareness program will range from email blasts, to TCMAi staff meeting with employees, and helping suggest incentive programs for the City of Port St Lucie. TCMAi will also help track and report awareness and participation of their employees. This allows the City of Port St. Lucie to understand how to best expend resources and understand their return on investment.

TCMAi puts a portion of its own profits at risk in the form of a performance guarantee.

TCMAi also invests in the health of the employees of clients and the process of bringing wellness to all. To demonstrate this commitment to teaching the importance of health and wellness and mitigating unhealthy behavior. The award of the performance guarantee will be entirely contingent on the satisfaction of the Client as determined by a mutually agreed set of metrics. TCMAi is willing to use almost any metric: clinical, financial, or perceptive, to determine whether a satisfactory standard was met. TCMAi takes seriously the role of healthcare providers with an obligation to mitigate costs to tax payers while raising the general health of the public.



2. How would you propose measuring outcomes and success of the overall program?

TCMAi’s main method of measuring success of the overall program of a clinic is by calculating Return On Investment by Cost Avoidance, reported quarterly. Comparisons can be drawn by analyzing the costs for certain key visit components, and medications dispensed internally. This is based on a combination of actual costs (e.g. the actual cost of dispensed medications) and standard costs (e.g. calculate a standard cost to perform clinic tasks where there are no direct costs associated with the individual task) once there is a statistically significant amount of data, a Cost Avoidance can be calculated which compares the cost of using the clinic against the cost that would have been incurred had the insurance been used by the employee/dependent.

TCMAi’s average ROI is \$3.2 per \$1 spent.

TCMAi emphasizes the use of through-put time as a key performance indicator (kpi) of effectiveness. This is because the employees who the clinic services consider both the wait time to be seen, and the length of the visit to be main indicators of the quality of care provided. TCMAi can provide any other kpi data for comparison, as mutually agreed upon. The metric each client prefers varies by need; commonly clients use satisfaction with the provider, wait times, ability to complete care, or customer service experience as typical metrics.

3. What predictive modeling tools do you incorporate into your data analysis?

TCMAi’s EMR technology provides the data that can be used to perform trend analysis. Predictions can be made in disease escalation, such as, diabetes, heart disease, cancer screening, among other conditions.

Category Response	Category Response
Age/sex demographic models for targeted wellness and preventive	Screening procedures and plans of care can be tailored based on the

health outreach activities	results of demographic findings.
Pharmacy based models to identify drug to drug interactions	Drug to drug interactions are loaded into our pharmacy software and any interactions of the drugs are brought to the immediate attention of the prescriber.
Clinical rule-based systems on clinical Protocol	TCMAi's clinical protocols are evidence-based on current standards of clinical practices.
Provider utilization models for physician profiling applications	Depending on the profiling application in question, it is possible to provide utilization by provider.

4. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide to the City.

TCMAi's EMR, MediTouch by Healthfusion, contains robust options for reporting. It delivers a variety of standard reports as well as a vast array of customizable data to meet the needs of clients. MediTouch's Practice Management can compile data on financial trends and reports on a variety of clinical data can be generated as needed.

TCMAi can produce reports to share with our clients which are sufficiently high-level (and redacted as necessary) to provide information without violating HIPAA. The reporting needs of our clients are varied. We provide reports as frequently as each client prefers. In some cases, clients wish to see certain daily statistics, and in other cases, clients prefer weekly, monthly, and/or quarterly. Reports are pushed to our clients via email with any frequency that is mutually agreed upon. Notwithstanding HIPAA compliance, virtually any data point that is collected in the system can be included in reports. Currently, some of the common data points reported are:

- Visit Type e.g. New vs. Established Patient Visits, Provider vs. Nurse Visits, etc.
- Demographics
- Type of diagnosis
- Visits by Department
- Medications Prescribed
- Referrals to outside facilities
- Missed appointments

Data is reported in real time and is as current as the last saved transaction. If the City of Port St. Lucie requires a specific report not currently provided, TCMAi will work with the City to develop the requested report. TCMAi uses our EMR to analyze and report dozens of key performance indicators (kpi). These kpi help assess the efficiency of the Clinic and the quality of care.

These are same metrics measure internally during our quality assurance process. Patient- care, follow- up, and referral care are common metrics. Other metrics included in reports are the following:

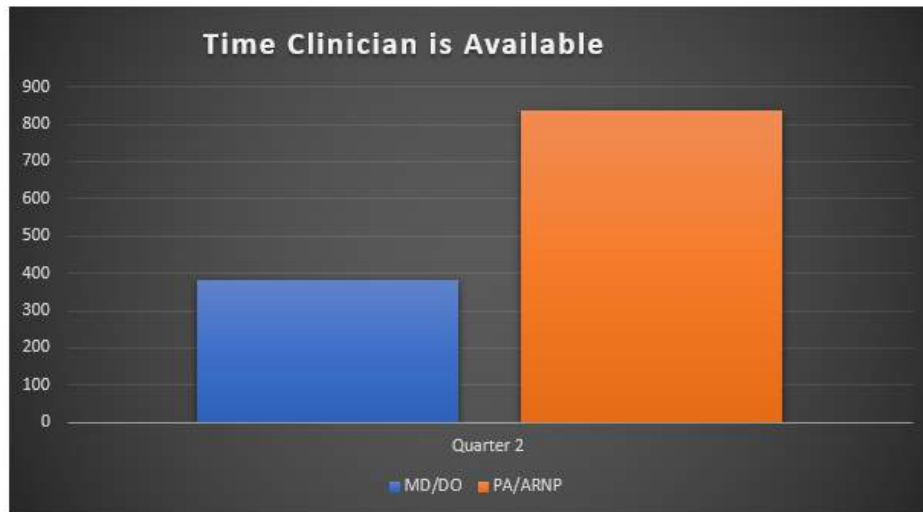
- **Clinic census data** – see/day; time/visit, etc
- **Utilization Reports**
- **Wellness reporting – aggregate report**
- **Referral care**
- **Weekly Ratio of Actual Visits Compared to Available Appointments** - This data should include type of clinician (physician, nurse practitioner, MA). This data also compares the number of member visits that occurred to the available visits based upon the appointment schedule.
- **Monthly Patient demographics** – age and sex of patients, all patient employees, dependent spouses, dependent children or retirees.

- **Monthly Specialty referrals** - number of referrals and types of specialists to whom we refer.
- **Monthly Prescription dispensing** – the average number of prescriptions per patient visit, percentage of prescriptions dispensed in office versus the percentage of prescriptions not available in office (so member would need to fill via the health plan), types and quantities of prescriptions dispensed (no patient data need be included)
- **Monthly Types of visits** - total number of clinician visits and percentage for worker’s compensation injuries, percentage for wellness type visits and percentage for episodic/acute care.
- **Monthly Wellness initiatives data** – numbers of HRAs, number of follow up visits, any measurement of health improvement statistics, any other wellness activities (e.g. smoking cessation classes/seminars, etc. sponsored by Clinic)
- **Monthly Types of diagnoses** - top 25 reasons for which members seek care at the Clinic.

TCMAi provides month, quarterly, annual, and ad hoc reports. Monthly, quarterly, and annual reports contain much of the same information. TCMAi includes all major statistics regarding clinic utilization in each report presented to the City. These statistics include demographic break downs, visit types, number of appointments, top diagnostic codes, prescription break downs, specialist referral frequency, and percent capacity usage of the clinic. Ad Hoc reports can be given using a key performance indicator or demographic statistics.

CLINIC DETAILS			
Month	Clinic Hours	Total Visits	Urgent Care Visits
January	248	637	22
February	228	562	14
March	243	613	13
Total	719	1,812	49

CLINIC HOURS DETAILS			
Month	Hours Open	MD/DO Hours	PA/ARNP Hours
January	248	140	278
February	228	131	257
March	243	110	303
Total	719	381	838

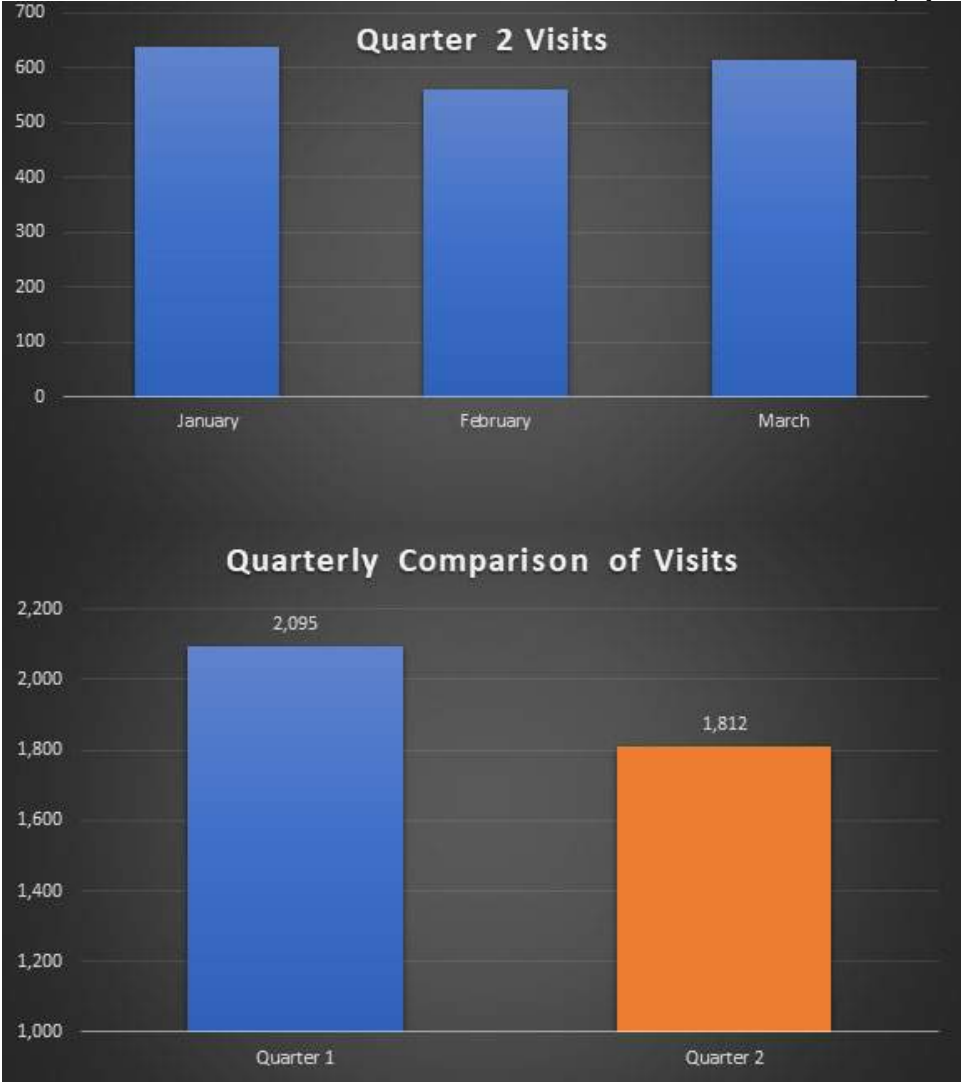




Q2 Number of Clinician/Member Visits			
Week	Available Visits	Actual Visits	Capacity
01/01 – 01/05	116	82	71%
01/06 – 01/12	204	142	70%
01/13 – 01/19	204	160	78%
01/20 – 01/26	204	147	72%
01/27 – 02/02	204	137	67%
02/03 – 02/09	204	150	74%
02/10 – 02/16	204	132	65%
02/17 – 02/23	204	139	68%
02/24 – 03/02	204	153	75%
03/03 – 03/09	204	137	67%
03/10 – 03/16	204	155	76%
03/17 – 03/23	204	153	75%
03/24 – 03/30	204	125	61%
03/31	0	0	0%
Total	2,564	1,812	71%

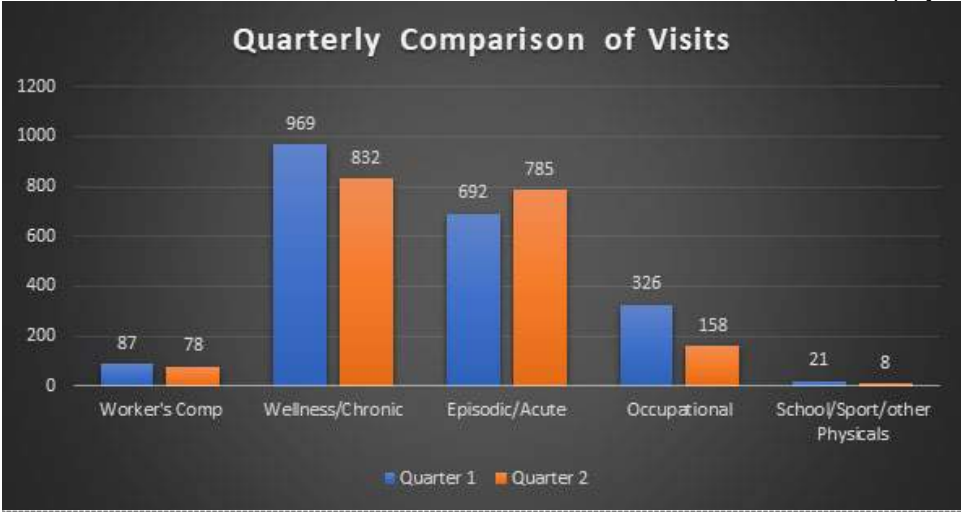
Outside Municipality Visits (Urgent Care)	
Stuart Urgent Care	49
Okeechobee Urgent Care	0
Highlands Urgent Care	0
Total	49

Patient Visit Total with Urgent Care Visits	1,861
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Q2 VISIT TYPE		
Visit Type	Q2	Q2 Percentage
Worker's Comp	78	4%
Wellness/Chronic	831	46%
Episodic / Acute	738	41%
Occupational	157	8.6%
School/Sport/Other Physicals	8	0.4%
Total	1,812	100%

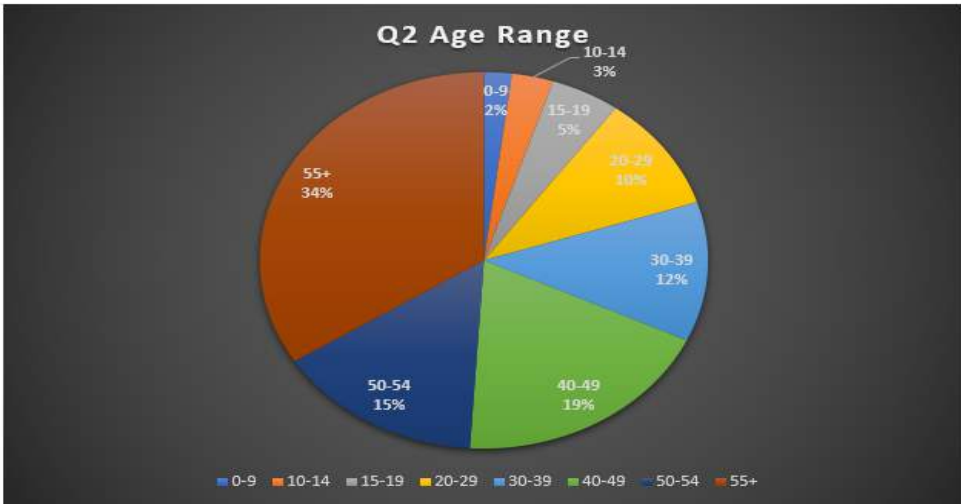
Q2 Urgent Care Visit Type		
Visit Type	Q2	Q2 Percentage
Worker's Comp	0	0%
Wellness/Chronic	1	2%
Episodic / Acute	47	96%
Occupational	1	2%
School/Sport/Other Physicals	0	0%
Total	49	100%



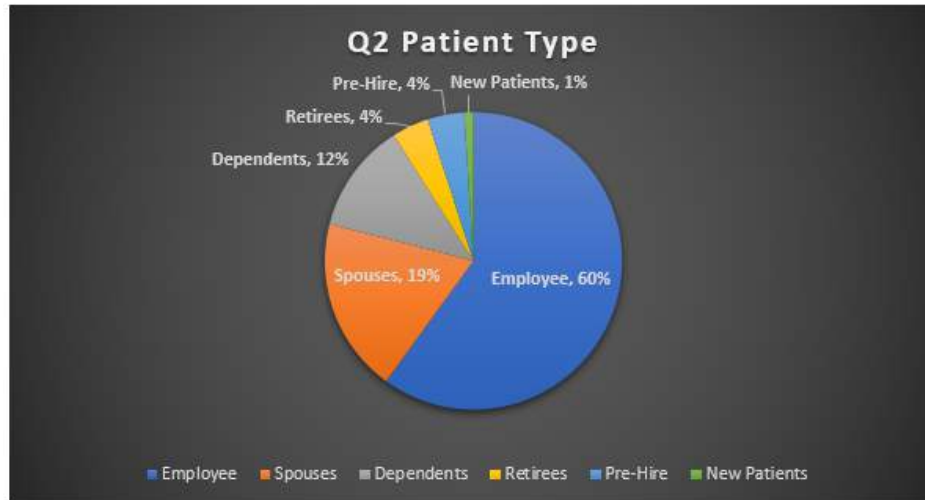
Missed Appointments, Cancellations, and Re-Schedules	Q1	Q2
No shows	118	95
Cancellations	191	131
Rescheduled	132	192
Total	441	418

DEMOGRAPHICS

AGE AND GENDER	Q1 Total	Q2 Total	Q1 Percentage	Q2 Percentage
Age				
0-9	27	20	2%	2%
10-14	44	39	3%	3%
15-19	44	51	3%	5%
20-29	120	109	9%	10%
30-39	184	139	14%	12%
40-49	271	220	21%	19%
50-54	204	173	15%	15%
55+	430	385	33%	34%
Total	1,324	1,136	100%	100%
Male	807	628	61%	55%
Female	517	508	39%	45%
Total	1,324	1,136	100%	100%



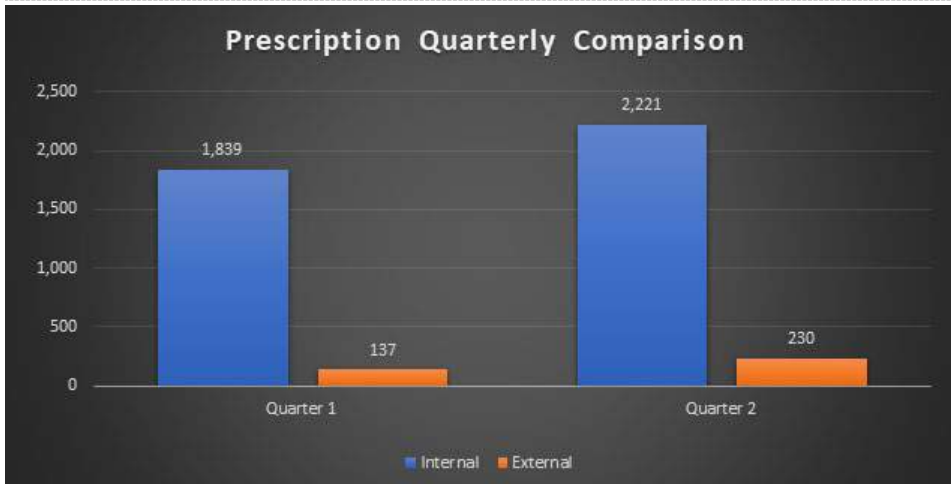
PATIENT TYPE				
Type	Q1 Total	Q2 Total	Q1 Percentage	Q2 Percentage
Employees	962	715	70%	60%
Dependent Spouses	167	229	12%	19%
Dependent Children	142	144	10%	12%
Retirees	53	47	4%	4%
Pre-Hire	35	49	3%	4%
New Patients	17	15	1%	1%
Total	1,376	1,199	100%	100%



Usage by Department Type		
Type	Q1 Count	Q2 Count
Building Department	61	54
City Attorney	10	7
City Clerk	8	9
City Council	8	4
City Management	0	2
Civic Center	12	6
Communications	0	4
Facilities Maintenance	18	11
Finance	31	21
Human Resources	27	18
Information Services	18	12
Neighborhood Services	27	26
OMB	1	2
Parks & Recreation	82	59
Planning and Zoning	13	7
Police	198	170
Procurement	9	8
Public Works	131	99
Utility Systems	308	196
Total	962	715

Specialty Referrals		
Specialist Type	Q1 Count	Q2 Count
Allergy Testing	1	0
Cardiology	1	1
Cologuard Screening	3	27
Dermatology	0	1
Ear, Nose, and Throat	1	4
Emergency Room	1	1
Endocrinology	1	0
Gastroenterology	3	2
General Surgeon	0	0
Hematology	0	1
Imaging	36	49
In Vitro Fertilization	0	1
Nephrology	0	1
Neurosurgeon	0	1
Neurology	1	2
Ophthalmology	0	0
Orthopedics	9	4
Physical Therapy	2	4
Psych	1	0
Podiatrist	0	1
Pulmonology	0	1
Vascular Evaluation	1	0
Wound Care	0	1
Total	61	102

Prescriptions Ordered per Patient	Q1	Q2
Patient Visits	2,095	1,861
Less Dot Physicals	11	40
Less Random/Employment Drug/BAT Tests	41	52
Less Pre-Employment and other Physicals	277	64
Adjusted Number of Patients	1,766	1,705
Prescriptions Ordered per patient	1.1	1.4



#	Q1 Diagnoses	Q2 Diagnoses
1	Hypertension	Hypertension
2	Auditory Exam	Wellness Counseling
3	Encounter for Immunization	Laboratory Examination
4	Wellness Counseling	Hyperlipidemia
5	Hyperlipidemia	Cough
6	Respiratory Fit Exam	Upper Respiratory Infection
7	Laboratory Examination	Nasal Congestion
8	Cough	Acid Reflux
9	Upper Respiratory Infection	Diabetes
10	Diabetes	Hypothyroidism
11	Hypothyroidism	Seasonal Allergies
12	Acid Reflux	Throat Pain
13	Anxiety	Encounter for Repeat Prescription
14	Allergic Rhinitis	Anxiety
15	Obesity	Low Back Pain
16	Throat Pain	Obesity
17	Seasonal Allergies	Encounter for Immunization
18	Testicular Hypofunction	Headache
19	Low Back Pain	Sinusitis
20	Nasal Congestion	Acute Nasopharyngitis (Common Cold)
21	Cervicalgia	Encounter for Exam for Driving License
22	Dysuria	Testicular Hypofunction
23	Sinusitis	Insomnia
24	Right Knee Pain	Major Depressive Disorder
25	Acute Nasopharyngitis (Common Cold)	Dysuria

Survey Questions	1	2	3	4	N/A
Easy to Schedule Appointment	71	2	0	0	1
Easy to get through on the phone	66	2	1	0	5
Front desk was courteous/ pleasant	74	0	0	0	0
Seen on time for my appointment/check out efficient	70	3	0	0	1
The waiting rooms & exam rooms were clean and inviting	69	5	0	0	0
The medical providers were sensitive to my concerns	73	1	0	0	0
Appointment times/days offered were convenient for me	69	3	1	0	1
The other clinical staff were courteous to me	74	0	0	0	0
I am satisfied with the medical treatment I received	72	2	0	0	0
Quarter 2 Total	638	18	2	0	8

*1=Strongly Agree; 2=Agree; 3=Disagree; 4=Strongly Disagree; N/A= Not Applicable

Survey Comments
All Staff members are great. I enjoy being a patient at the clinic.
Wonderful staff.
Dr. Martone, Heather, and staff are always helpful to my needs.
I always have a great experience with clinic and staff.
Came in for bloodwork. Dr heard I wasn't feeling well, examined me on the spot without having an appointment.
Love coming to the clinic. Thanks for all you do!
Everyone is always there for you.
All staff members have been kind and accommodating!
Dr. Martone is by far the best.
It's always a pleasure coming here!
Lynda Rivers was helpful during my visit.
Crystal and Fallon were helpful during my visit.
Everyone has always been very helpful and seem genuinely concerned.
Everyone at the clinic has great people skills. They really know your name! Not just a number.
I feel that their main concern is to keep me healthy!
Great service/friendly
Leslie Sparks and Dr. Martone are awesome, plus all the office staff are great.
Heidi, Crystal, and Lynda were very helpful during my visit.
All staff are great!
All staff was awesome. Love visiting this clinic.
All staff members are great.
Clinic is convenient and always there for you.
Dr. Martone and Fallon are wonderful.

5. Describe how your Plan specifically evaluates the effectiveness of primary care case management.

There are several different perimeters that can evaluate the effectiveness of primary care case management

- Biometric testing, such as: hemoglobin A1C and blood sugar, weight, BMI, etc.
- Reduction in visits to outside primary and urgent care providers such as; the Emergency Room, Urgent Care, or Specialists
- Prescription utilization, which can be tracked.

6. Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception

of the program. Please include the following, if applicable:

a. Program Outcomes

From January of 2015 – April of 2018, TCMAi helped save the City of Port St. Lucie over \$10,000,000.

January '15 – April '18 Return on Investment Analysis

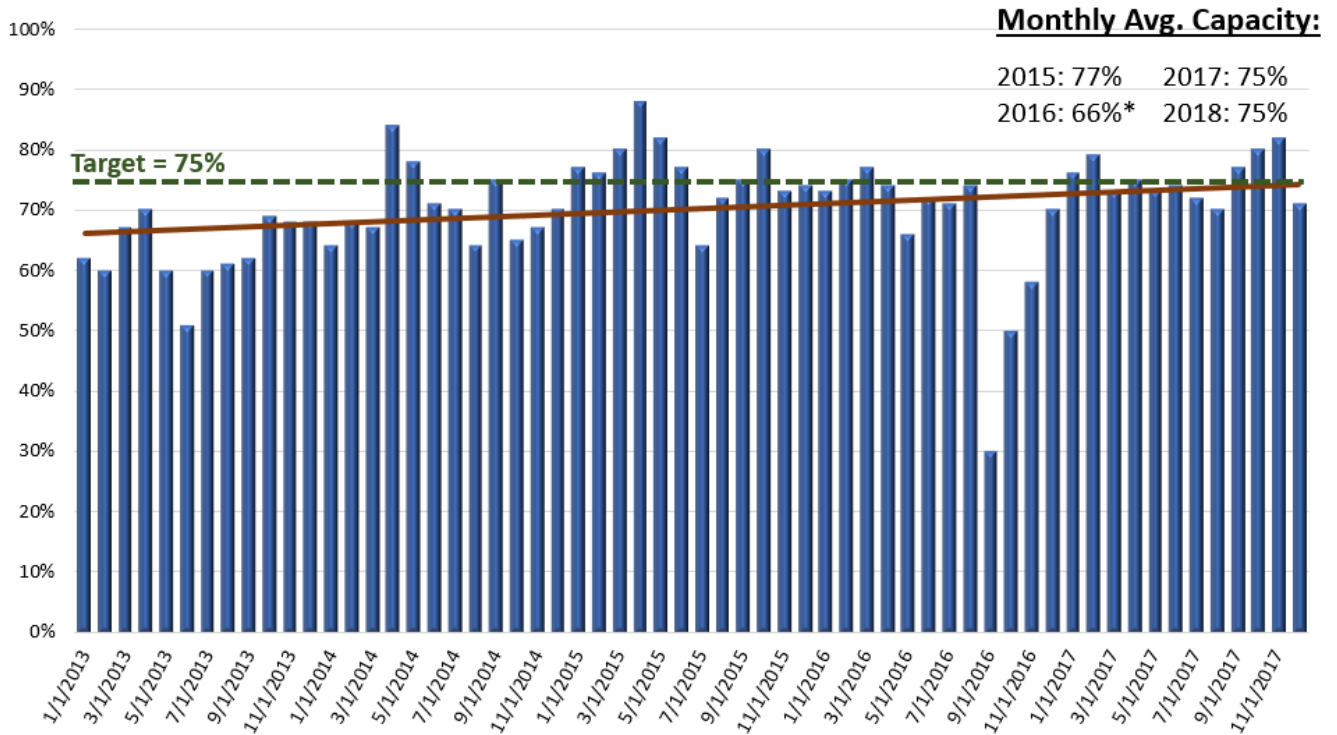
Item	EHC Utilization as Reported	Average EHC Blue Plan Cost	Cost Avoidance	Average EHC COST	Total EHC Cost	Return on Investment
Acute/Episodic	12,961	\$115	\$1,498,647	\$106	\$1,398,621.15	1.07:1
Wellness/Chronic	10,651	\$115	\$1,219,438	\$106	\$1,158,508.82	1.05:1
Physicals/School/Pre Employment	962	\$115	\$101,104	\$106	\$109,372.67	0.92:1
Laboratory	3,219	\$160	\$519,151	\$55	\$176,398.29	2.94:1
Occupational Health & Randoms	2,549	\$771	\$1,964,846	\$106	\$276,327.39	7.11:1
Worker's Compensation	1,155	\$115	\$130,067	\$106	\$126,316.05	1.02:1
Prescriptions	30,339	\$129	\$3,899,079	\$9	\$246,526.80	15.8:1
Subtotal			\$9,332,332		\$3,492,071	2.67:1
Employee Savings	28,278 @ \$20 PCP		\$565,560			
	30,339 @ \$10 Rx		\$303,390			
Total Savings			\$10,201,282		\$3,492,071	2.92:1



b. Utilization Measures (list measures)

- Total visits
- Capacity
- Total prescriptions

EHC Utilization by Month



*The onsite clinic was temporarily closed from September-October 2016 for maintenance and employees were directed to visit the Jensen location.



c. Changes in the Cost of Care

Changes in the cost of care are influenced by the changing cost of national healthcare, disease processes, vendors and supplies.

D.

Identification of High Risk Individuals

1. Understanding there are a variety of methodologies for implementing a targeted intervention process, please explain in detail the targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

TCMAi believes that there is not just one quantifiable model to intervene a health risk factor. Our model is based on traditional physician-patient intervention and interactions. No two individuals will have the same risk

factor profile or emotional response to a suggested intervention. Therefore, TCMA's model of intervention is completely individualized to each patient, based on the physician-patient relationship, biometric screens and risk factors identified.

2. How will your company identify high-risk members (i.e. health risk assessment, member services calls, medical claims data, pharmacy claims data, etc.)?

Clinic staff identifies high-risk members through HRA results, medical examinations, and notifications through the EMR which alerts medical providers automatically of high-risk results. Observation of risk parameters at each and every patient visit, through the member-provider relationship is a powerful way of identifying these factors

3. Please describe your methodology for tracking and intervening with high-risk members on an on-going basis.

TCMAi's software automatically flags high-risk patients for review with the Medical Director and Medical Provider to assess the risk. If an individual is identified as a high-risk patient, they are brought in for medical evaluation treatment and continuous monitoring. Based on the severity of the patient's condition, TCMAi will schedule the patient to return to the office every 90 days to monitor their condition. As it improves these visits will be every 6 months unless a reported change in their condition.

4. Will your company stratify members by severity of risk for complication? Please elaborate.

Yes, TCMAi stratifies patients regarding the magnitude of their risk factor profile.

The first process is a risk stratification mechanism, or algorithm (a step-by-step procedure for decision-making). TCMAi uses this to analyze health care utilization data we harvest from our EHR for each of the counties enrolled eligible members. This data represents the City employee's prior health care utilization. (this is taken during the first visit in the HRA process). It also incorporates the new data from the final results of our HRA screen. TCMAi analyzes this data, per the requirements contained in this RFP, to identify enrolled eligible county employees with higher risk and more complex health care needs.

Simultaneously, a second phase occurs in the HRA survey process. TCMAi uses the HRA survey data to assess each enrolled City member's current health risk within 7 days of enrollment for those identified by the risk stratification method or algorithm as higher risk, and within 14 days of enrollment for those identified as lower risk.

The third part of the process is to supervise and initiate changes in the high-risk individuals risk prevention directed care.

The fourth part is to circle back around at 3-6 month intervals to assure that the risk mitigation plan crafted for the individual is causing the expected outcomes in terms of an individual's risk reduction.

An aggregate report is then created that is HIPPA compliant and can be provided to the City at regular intervals.

5. Do you recommend using participation incentives? If so, please describe the incentives your organization

recommends.

Yes - Money deposited into HRA accounts, raffles, and prizes.

E.

Communication Plan, Patient Engagement and Patient Services

1. Please provide a proposed communication plan for introducing the on-site clinic and integrated services and reference the ongoing communication process. Outline your company’s and the Company’s responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

A thorough employee communication plan with constant reinforcement by both employer and healthcare provider is only one factor of TCMAi’s communication process. TCMAi considers participant engagement and trust to be of the utmost importance to the success of an on-site clinic and will consult with the City of Port St. Lucie to devise and implement a robust participant engagement and awareness plan, at no additional cost. A program to raise awareness will include emails, attending health fairs, mail-outs, brochures and fliers, and on-site visits to draw labs for health risk assessments (HRAs) to encourage participation and explain the benefits of participating in a wellness program.

TCMAi has a comprehensive employee communication plan including telephone, email, text alert, certified mail, and patient portals. The communication plan will begin with an on-site visit to explain the benefits of signing up for the email list, text alerts, and patient portal. Employees will be asked to provide contact information upon initial visit, will receive email and text alerts between follow-ups, and should they not respond will be sent by mail. Employees who sign up for the patient portal will have the ability to message Medical providers directly and access any medical information on visit notes, medicine, and other relevant information.

The entire employee communication plan will be supplemented by the office answering service. At any time; employees will be welcome to call the office which can answer questions, schedule appointments, and leave messages for providers.

Awareness Program:
Marketing plan briefing
Design / Print signage
Send multiple email blasts
Attend local health fairs
Attend staff meetings
Send mail-outs to employees and dependents

To successfully implement this timeline, utilization of the clinic would be augmented if the City of Port St. Lucie were to assist in providing access to the following:

- A list of eligible employee’s email addresses for mailing lists.
- Schedule time for TCMAi to attend Staff meetings to educate eligible employees on the services provided at the Clinic.
- Placement of signage and brochures (break rooms, work sites, etc.)

- Times, dates, estimated number of employees to attend health fairs.
- An exhibit at the health fair.

2. How are locations of service and standard hours of operation for member services determined?

Locations, hours, and days of operation should be decided in collaboration with the City to ensure all employees have access to the clinic. TCMAi plans on continuing the use of the current facilities. TCMAi will allow the City of Port St. Lucie to re-evaluate any changes to the hours of operation at any time, up to and including increasing hours.

3. Will the respondent's website be linked with the City's website?

Yes, the City of PSL's website is currently linked to TCMAi's website.

4. Describe your ability to communicate with an employee and retiree population that is geographically dispersed. Provide examples if appropriate.

TCMAi has experience communicating with geographically dispersed populations. Effective methods of communication are email, direct mail, telemedicine, on-site visits, and use of scheduled visits by a mobile medical unit to visit multiple sites. TCMAi also allows City patients the use of Stuart Urgent Care, Highlands Urgent Care, and Okeechobee Urgent Care at no additional cost to the City.

5. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.

TCMAi has a comprehensive employee communication plan to maintain constant contact with eligible persons including telephone, email, text alert, certified mail, and patient portals. Appointment reminders will be sent by text alert, email, or a phone call. Patient satisfaction surveys will be given to patients at each visit. TCMAi sends a monthly newsletter, as well as continuous marketing materials to keep patients educated and informed.

6. Provide your web address and any access codes needed to explore your services.

<http://www.tcmahealthcare.com/>

<http://cityfitmd.com/>

<http://stuarturgentcare.com/>

<http://okeechobeeurgentcare.com/>

<http://highlandurgentcare.com/>

<https://www.facebook.com/tcmahealthcare/>

<https://www.facebook.com/cityofwestpalmbeachemployeeandfamilyhealthcenter/>

<https://www.facebook.com/OkeechobeeUrgent/>

<https://www.facebook.com/highlandsurgent/>

<https://www.facebook.com/StuartUrgent/>

7. Are you willing to allow the City to use its own branding in communication and program materials?

Yes, TCMAi will allow the City to use its own branding in communication and program materials.

8. Describe the Wellness initiatives that will be used and how they may integrate with the current Wellness programs

offered by the City.

TCMAi highly recommends that each employee that is eligible to use this clinic complete an annual Health Risk Assessment (HRA). The most important part of recruiting employees to complete HRAs is the awareness program. Educating employees on how to participate and *the* benefits of the HRA are essential.

TCMAi employs staff specially trained in wellness coaching as well as nutrition. Utilizing current guidelines, TCMAi can educate patients on safe and effective ways to achieve and maintain health. Providers realize that wellness involves not only the physical well-being, but also social and emotional. Utilizing diaries for patients to keep track of their current health issues, Providers can track trends, cause and effect, or other issues to help make break throughs in their patient's health. Providers also create personalized meal plans and exercise prescriptions based on the goals of the patient. TCMAi understands education and information empowers our patients. Patient empowerment allows them to change their way of thinking and make better choices for themselves.

INTEGRATION WITH EXISTING WELLNESS PROGRAMS

TCMAi currently manages the existing wellness program.

9. How do you measure customer service and patient satisfaction?

Employee satisfaction is measured daily by Survey Monkey surveys that are completed on iPads offered to patients at each visit.

10. How will this be reported to the City?

The results will be included in TCMAi's reporting package on a quarterly basis to discuss at the Quarterly

Review.

Integrated Services

A.

Chronic Condition and Lifestyle Management

1. Do you provide lifestyle management, and/or professional health coaching services through the clinic?

Yes, TCMAi provides lifestyle management, and/or professional health coaching services through the clinic.

2. Describe coaching model and science based behavior change principles used in model? Do participants stay with one coach, or work with multiple coaches?

TCMAi is passionate about health and wellness and employs staff specially trained and certified in wellness coaching as well as nutrition. Utilizing current guidelines, TCMAi can educate patients on safe and effective ways to achieve and maintain health. The details are evidence based, on current therapy, annually revised. Providers realize that wellness involves not only the physical well-being, but also social and emotional. Utilizing diaries for patients to keep track of their current health issues, Providers can look track trends, cause and effect, or other issues to help them make break throughs in their health. Providers also create personalized meal plans and exercise prescriptions based on the goals of the patient. TCMAi understands education and information empowers our patients. Patient Empowerment allows them to change their way of thinking and make better choices for themselves. This can also be done via tele-video, with information emailed to them. With secure tele-video, a face-to-face interaction is possible and convenient for the patient.

3. What certifications do you require your health coaches to have?

TCMAi staffs several Health Coaches and Nutritionists within our organization that are responsible for developing and implementing our wellness programs and marketing materials. The certifications we require are a NASM FNS Certification or a NASM CNC Certification.

4. Describe coaching engagement process and program protocols.

TCMAi prefers to personalize wellness programs based on the top diagnosis code for the population in question. Typically, the most common codes are:

1. Diabetes

Using a combination of education and personal training sessions, TCMAi's diabetes and pre-diabetes programs are similar to our weight loss program. TCMAi partners with a local endocrinologist to speak about diabetes and thyroid disease.

2. Back injury

TCMAi customizes programs based on occupation. Understanding job functions and the injuries that employees can face on the job is essential to educating them on how to avoid injury by using proper ergonomic techniques (such as keeping your core strong to prevent injury).

3. Upper Respiratory Illness

TCMAi's Upper Respiratory Illness program includes on-site flu vaccines to prevent illness, education on virus versus bacterial infections, how to stay well during cold and flu season, and using food as medicine.

4. Stay Well Programs

TCMAi promotes continued wellness to employees already in fair health through a program encouraging yearly screenings, well woman and well man exams, nutrition advice, and biometric screenings.

5. Stress Management

Utilizing wellness coaching, counseling, and meditation techniques to help control stress, TCMAi promotes a comprehensive stress management program for at-risk employees.

6. Weight loss

Several programs are available to employees, the most effective of which mixes education and actual personal training sessions. This approach keeps people interested and has experienced an extremely high rate of success in weight loss, utilizing challenges with blast outs like walking challenges, fit bit challenges, real food revolution challenges. Health Coaches communicate with participants via web groups to encourage communication and involvement among members, post accomplishments, and keep motivated.

5. Describe outreach protocol for various participant tiers.

TCMAi's protocols for participating patients includes but are not limited to:

- Attending events or meetings that the City of Port St. Lucie employees would attend, such as,

Department Meetings, Health Fairs, Open Enrollment and Lunch & Learns.

- Our monthly Health Newsletter.
- Most importantly, is our continued vigilance for health risk issues at each visit that an eligible employee, dependent, or retiree makes to the Clinic.

6. Describe coaching protocols for healthy vs. at-risk members.

There is not a difference in protocols for coaching “at risk” patients vs “healthy” patients as everyone will require personalized, patient specific coaching, depending on the health risk issues at hand.

7. Do you provide targeted health improvement/behavior modification programs?

TCMAi collaborates with existing community resources by encouraging the use of the Employee Assistance Program if they have one. Collaborating with community specialists while running programs, on-going, or programs that are seasonal. Local experts in their field are recruited to come and speak at events, previous speakers have included; Breast Specialists, Endocrinologists, Functional Medicine, and Woman’s Hormones specialists. In addition, local Providers collaborate with mediation specialists to assist in our stress management program. TCMAi partners with local gyms, fitness trainers, and other healthcare enthusiasts to collaborate on care and negotiate discounted prices on fitness memberships, or discounts at health food stores as incentives for employees. Integration also involves collaborating with the City to have runs or fitness events in local parks and use the community resources as vendors in our health fairs.

8. Do you offer any health coaching solutions for a population that is geographically dispersed? Please describe.

Yes, TCMAi can offer health coaching solutions for a population that is geographically dispersed. This can be done via tele-video, with information emailed to the participant. With tele-video a face to face interaction is possible and convenient for the patient.

B.

Corporate Wellness Programs

1. Describe your capabilities and experience designing and administering a corporate wellness program. How is this integrated into the clinic model?

TCMAi is fully capable of designing a corporate specific wellness program. This involves a deep look at the “corporate” specific participants via questionnaires, face to face, or electronically. Once the historical and biometric data is analyzed as to its relevance in health risk issues, a custom program resulting in goal and population specific outcomes.

2. Do you provide population based health education/ awareness (proactively distribute information and resources for defined populations)?

Yes, TCMAi can provide population based health education/awareness via brochures, online portal, and outreach programs.

3. What topics are addressed? Provide samples.

The topics addressed are, Health, Wellness, Awareness, Education and well Being. Please see question 7. for samples.

4. How do participants access?

Participants access via brochures, newsletters, online portal and outreach programs.

5. Do you provide a wellness newsletter? Frequency? Means of distribution?

Yes, TCMAi sends a monthly newsletter. This is distributed via e-mail to the City of Port St. Lucie.

6. Describe how you can assist with outcomes or result based incentive program based on improved or biomarker goals.

TCMAi realizes the impact of an incentive program and collaborates with the City to see what would best fit the situation. Past clients have used gift cards for sporting good/health food stores, credit placed into health savings accounts, drawings at events/health fairs, blenders, water bottles, personal training sessions, and even trips to cruises or wellness-based getaways.

7. What communications/promotional materials do you provide to support the wellness program?

CITY OF PORT ST. LUCIE EMPLOYEE HEALTH CENTER

Employee Wellness is our mission.

January 2019

NATIONAL DRUG AND ALCOHOL FACTS WEEK Jan. 22-27

DID YOU KNOW... Mixing alcohol and medicines can be harmful. Alcohol, like some medicines, can make you sleepy or lightheaded. Drinking alcohol while taking medicines can intensify these effects. You could may have trouble concentrating or performing mechanical skills. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines you put yourself at a greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people.

Medications typically are safe & effective when used appropriately. Your pharmacist or other health care provider can help you determine which medications interact harmfully with alcohol.

PRESCRIPTION DRUGS Taking prescription drugs not prescribed for you, can be more dangerous than you think. In fact, it can be fatal. Prescription drugs are the third most commonly abused category of drugs, behind alcohol. Some prescription drugs can become addictive, especially when used in a manner inconsistent with their labeling by someone other than the patient they are prescribed for, or when taken in a manner or dosage other than prescribed. Overall, an estimated 48 million people have abused prescription drugs, with that number representing nearly 20% of the U.S. population.

Learn more at www.ncadd.org



THYROID AWARENESS MONTH

Millions of people suffer the symptoms of thyroid dysfunction without ever knowing why. Here are 10 critical things you should know now.

by Jill Grunewald in "Repair Your Thyroid" (November 2012).

1. The thyroid is a butterfly-shaped gland in the neck that controls metabolism and energy, and is hailed as the "master gland" of our complex endocrine system. It produces several hormones that transport energy into every cell in the body vital for feeling happy, warm, and lithe. The gland acts as boss of our metabolism.
2. Symptoms of hypothyroidism include weight gain and fatigue, constipation, depression, low body temperature, sleep disturbances, difficulty concentrating, edema (fluid retention), hair loss, infertility, joint aches and light sensitivity.
3. It's estimated that hypothyroidism, or underactive thyroid, affects more than 30 million women and 15 million men. (Hyperthyroidism, or overactive thyroid, is much less common.)
4. The most common cause of hypothyroidism is Hashimoto's thyroiditis, an autoimmune condition that causes the body to attack its own thyroid tissue.
5. Hashimoto's is one of the most common autoimmune diseases in the United States. When a person has Hashimoto's, antibodies specifically attack and damage his or her thyroid tissue.
6. Patients with hypothyroidism suffer from symptoms rarely traced to a sluggish thyroid. If you're feeling blue or unmotivated = antidepressant. If you're constipated = laxative. If you're having difficulty sleeping = sleep aid. The list goes on.
7. Thyroid experts often advise to cut gluten from the diet and eat foods with thyroid-friendly vitamins and minerals, such as vitamin D, iron, selenium, and zinc.
8. Some people need thyroid drugs to treat Hashimoto's. In some cases, medication is required indefinitely, especially when Hashimoto's has gone undiagnosed and the thyroid is no longer producing hormones.
9. The specific hormones the thyroid produces that are most critical to our health are triiodothyronine (T3) and thyroxine (T4), both of which regulate metabolism. The most popular thyroid drug, Levothyroxine (commonly known as Synthroid), is a synthetic T4-only drug.
10. T4 is a mostly inactive hormone and is the forerunner to T3, which is the predominant and active hormone and has the greatest affect on our health and well-being. The body is designed to convert T4 to T3, many people have trouble with this conversion, due to stress, hormonal and gut imbalances, and nutritional deficiencies.



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www.cpslhealth.com

CITY OF PORT ST. LUCIE EMPLOYEE HEALTH CENTER

Employee Wellness is our mission.

March 2019

We're talking about Nutrition this month Cooking Heart-Healthy

IMPORTANT DATES

- March 14 - World Kidney Day
- March 15 - World Sleep Day
- March 26 - American Diabetes Alert Day
- March 26 - ~~9/11/01~~ Day for Epilepsy Awareness

Ingredients

- ½ c. canned green olives
- 4 eggs (beaten)
- ¼ tsp. black pepper
- 2 18-inch whole wheat flour tortillas
- 1 ½ c. cheddar cheese, or Mexican blend, Monterey Jack, or pepper Jack (reduced fat)
- 4 slices turkey bacon (cooked & crumbled)



Directions

- Coat a small skillet lightly with cooking spray. Sauté green olives over medium-low heat for 1-2 minutes. Add beaten eggs and cook, stirring until scrambled and set.
- Coat a second, large skillet lightly with cooking spray. Place one tortilla in the skillet and cook over medium heat until air bubbles begin to form, about 1 minute. Flip tortilla over and cook for 1 minute more (do not let tortilla get crispy).
- Spread half the cheese evenly over the tortilla, covering to the edges. Reduce heat to low. Gently arrange half the cooked bacon and half the egg mixture over the cheese. Cook until the cheese starts to melt, about 1 minute.
- Fold tortilla in half to create a half-moon shape. Flip folded tortilla over and cook until it is lightly toasted, and the cheese filling is completely melted, 1-2 minutes.
- Transfer quesadilla to a cutting board. Repeat with the remaining tortilla, cheese, bacon, and egg mixture.
- Cut each quesadilla into 3 wedges and serve with salsa.

You can protect your heart and blood vessels by:

- Eating less unhealthy fats (trans fat, saturated fat and cholesterol) and by choosing the types of fats that help your cholesterol levels (unsaturated fats).
- Maintaining a healthy weight by keeping portions in perspective and making healthy food choices.
- Reducing your sodium intake, which can help many with blood pressure control.
- The ingredients you use and the way you cook can make a big difference. Below are some practical tips to remember for heart-healthy eating and cooking.

Choose the Right Fats – In Moderation! This means limiting foods high in trans fat, saturated fat and cholesterol – like processed snacks and sweets, baked goods, fried foods, high-fat dairy products, solid fats, and high-fat meats. Instead, choose lean protein and low-fat dairy. Limit the amount of processed snacks and baked goods. Choose fresh foods such as fresh vegetables, whole grains, nuts and fruit.

Include Those Omega-3s - Omega-3 fatty acids are a type of healthy fat that helps prevent the clogging of arteries. We recommend including fish (non-fried) in your meal plan at least twice a week – especially these "fatty" fish that include salmon, albacore tuna, herring, rainbow trout, mackerel and sardines. Other foods that provide omega-3 fatty acids include soybean products, walnuts, flaxseed and canola oil. It's also great if you can include some of these sources in your diet. Try mixing walnuts into your morning oatmeal or adding tofu to your stir-fry.

Homemade and Fresh Is Best - Restaurant food tends to be high in calories, sodium, and unhealthy fats, all things you want to watch if you're eating heart healthy. Try to cook at home as much as possible with fresh, healthy ingredients.

Try these tricks to season your food:

- Squeeze fresh lemon or lime juice on vegetables, fish, rice, salads or pasta.
- Try salt-free lemon pepper or mesquite seasoning on chicken.
- Try a salt-free herbs and spices. Fresh herbs are also a great choice.
- Use onion and garlic to liven up meats and vegetables.

Substitute Healthier Ingredients In Your Favorite Recipes

Instead of regular ground beef.
Try 93% lean ground beef or lean ground turkey breast.
Why? Fewer calories, less saturated fat and less cholesterol.

Instead of sour cream.
Try non-fat plain yogurt (regular or Greek).
Why? Fewer calories and less saturated fat.

Instead of butter or margarine when cooking vegetables or protein food.
Try trans-free margarine and oils like olive oil or vegetable oil.
Why? No trans fat, less saturated fat and more heart-healthy unsaturated fats.

Instead of butter or margarine when baking.
Try substituting half with applesauce.
Why? Fewer calories and less saturated fat.

Instead of cream, whole or 2% milk.
Try 2% milk or skim milk.
Why? Fewer calories and less saturated fat.

Instead of regular cheese.
Try reduced-fat cheese or use less.
Why? Fewer calories, less saturated fat and less cholesterol.

Instead of snack foods with hydrogenated oil, palm oil or coconut oil.
Try fruit with plain yogurt, fresh vegetables and hummus, a slice of whole wheat toast and natural peanut butter, nuts and dried fruit.

Why? Less sodium, less saturated fat and zero trans fat.

Instead of regular mayonnaise.
Try light mayonnaise or mustard on sandwiches.
Try non-fat plain yogurt or a combination of non-fat plain yogurt and light mayonnaise if used in dressing, sauces and dips.
Why? Fewer calories.

Instead of bologna, salami or pastrami.
Try sliced low-sodium turkey or roast beef. Or better yet, cook fresh chicken or turkey on the weekend and use throughout the week for meals.
Why? Less total fat, less saturated fat and less sodium.



2266 Best Street, Port St. Lucie, FL 34984

(772) 807-4430

CITY OF PORT ST. LUCIE EMPLOYEE HEALTH CENTER

Employee Wellness is our mission.

April 2019

APRIL IS BETTER SLEEP MONTH

Stop chasing sleep

COMMON TYPES OF SLEEP DISORDERS

Sleep bruxism is the medical term for clenching or grinding teeth during sleep. If you feel you may suffer from sleep bruxism, talk to one of our providers about ways to treat it.

Restless Legs Syndrome (RLS) about 1/10 adult Americans suffer from RLS, also known as Willis-Ekbom Disease. The sleep related movement disorder is known best for its overwhelming and often not pleasant urges to move the legs while at rest.

Insomnia is a common sleep problem for adults. The National Institutes of Health estimates that roughly 30% of the general population complains of sleep disruption, and approximately 10% have associated symptoms of daytime functional impairment and that seems to be consistent with the diagnosis of insomnia.

Find out more at:

www.NationalSleepFoundation.org



If you have trouble falling asleep, relaxation techniques can help you quiet your mind and calm your body. Try one of these simple exercises when you're in bed.

Breathing exercise: Close your eyes and turn all your attention to your natural breathing pattern and feel the air enter and leave your nose or mouth. Survey your body for any tension, and as you exhale, feel the tension leave that part of your body. Visualize your breath reaching your forehead, your neck, your shoulders, your arms and then releasing the tension as you exhale. If your mind wanders to another worry or thought, let it go and gently redirect your attention back to your breath.

Guided imagery: The idea in this exercise is to focus your attention on an image or story, so that your mind can let go of worries or thoughts that keep you awake. Get into a comfortable position in bed. Close your eyes and relax. Begin to visualize a scene, memory, or story that you find calming. This is highly individual - find what works best for you (example: a favorite vacation or calming outdoor spot, a relaxing activity like curling up with a book in your favorite chair, or something repetitive like the steps of an exercise or dance routine). The key is to find something that allows you to focus your attention and let go of other thoughts. Begin to create this scenario in your mind. Visualize all the details of the image or story, as slowly and carefully as you can. Any time you find your mind drifting to an unrelated thought (a worry about the day or a "must do" for tomorrow), acknowledge it and let it go. Turn your mind's eye back to your relaxing story. It's okay if this takes time before it works, each time you practice you will get better at it.

Remember to follow these additional tips if you have difficulty sleeping

- ◆ Turn off electronics and rotate your clock away from you (don't watch the clock or check your phone if you can't sleep). Try not to worry if you can't fall asleep, and remind yourself that your body will eventually take over and help you sleep.
- ◆ If you are awake for more than 20 minutes in bed, move to a different part of the house (one without bright lights). Do something relaxing for a while, until you begin to feel tired and come back to bed.



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May 2019

May is Better Hearing and Speech Month

When it comes to Hearing, here are some Frequently Asked Questions

Q. What causes hearing loss?

The most common type, technically called *presbycusis*, means that aging or genetics are causing your hearing to slowly decline, similar to how people experience a decline in their eyesight.

You can experience noise-induced hearing loss, which is a result of over-exposure to loud sounds.

Less common causes may be linked to high blood pressure, diabetes, and medicinal reactions. You should always consult your healthcare provider if you think you may be experiencing any type of hearing loss.

Q. What are the common symptoms of hearing loss?

- Constantly asking people to repeat themselves
- Difficulty in a noisy environment with having a conversation
- You often mishear words
- It seems like many people mumble
- People are always telling you to turn the TV down
- It's hard to understand the person on the other end of the phone
- You have a constant annoying ringing or buzzing in your ears

IMPORTANT: *If you are experiencing any of the following symptoms, seek medical attention as soon as possible:*

- Sudden hearing loss
- Blood or fluid draining from ears
- Sudden onset of dizziness
- Fluctuating hearing loss
- Head trauma
- Severe earache or intense pressure

Speech and language problems in adults can result from various causes including: Brain Injury, Stroke, diseases that affect the brain like Alzheimer's, Parkinson's, and Multiple Sclerosis. They can also stem from breathing problems, cancers in the head and/or neck region, and voice damage.

Speech and language disorders that may be acquired in adulthood include the following:

Aphasia involves problems speaking, understanding, reading, writing, telling time, and/or using numbers. Often misunderstood, aphasia does not affect a person's intelligence. The most common cause of aphasia is stroke.

Cognitive-communication disorders problems with thinking and communication can affect each other. Some examples are difficulty paying attention, remembering, organizing thoughts, and solving problems.

Apraxia of speech difficulties arise from problems planning motor movements. It is caused by damage to the parts of the brain that are involved in speaking.

Dysarthria speech difficulties (e.g., slurred speech) due to weakness of muscles involved in breathing and/or speaking.

Voice disorders Changes in pitch, loudness, and vocal quality that negatively impact communication. These may result from nodules on the vocal cord, overuse/misuse of voice, and diseases such as Parkinson's or multiple sclerosis.

May is also a time to spotlight swallowing disorders, called: **Dysphagia**, another side effect of numerous diseases in adults. A person's ability to eat and drink is critical to maintaining good health and promoting recovery from illness. Food is also a central part of many social experiences, contributing to an enjoyable and fulfilling life.

Speech-language pathologists treat dysphagia in various ways, including these:

- Helping people use their muscles to chew and swallow
- Finding better positions for people to sit or hold their head while eating
- Advising people on their dietary choices, including softer foods or thicker drinks

Development of strong communication skills is extremely important and parents anxiously await their child's first words. Yet common misconceptions remain. One is that children generally 'grow out' of speech or language difficulties. Unfortunately, this mistaken impression too often delays treatment. Of course, some children are indeed 'late bloomers,' yet treatment is frequently necessary. It is much easier and more effective to treat speech and language disorders early.

Here are some warning signs for parents to watch for in young children:

- Does not babble (4-7 months)
- Makes only a few sounds or gestures, like pointing (7-12 months)
- Does not understand what others say (7 months-2 years)
- Says only a few words (12-18 months)
- Says p, b, m, h, and w incorrectly in words (1-2 years)
- Words are not easily understood (18 months-2 years)
- Does not put words together to make sentences (1.5-3 years)
- Says k, g, f, t, d, and n incorrectly in words (2-3 years)
- Produces speech that is unclear, even to familiar people (2-3 years)
- Repeating the first sounds of words, like "b-b-b-ball" for "ball" (any age)
- Stretching sounds out, like "fffffarm" for "farm" (any age)





RECOGNIZING THE

4 B's



BLOATING

BLADDER

FREQUENCY, PRESSURE
OR DISCOMFORT

BOWEL

CHANGES IN BOWEL PATTERNS,
FREQUENCY, NEW CONSTIPATION

BLAH

TIRED, WEAK, SHORT OF BREATH,
NAUSEA, POOR APPETITE



think **TEAL**

TAKE **TIME** GET **EXAMINED** SEEK **ADVICE** LIVE YOUR **LIFE**



Employee Health Center Health Risk Assessment Instructions



3- Step Process

1. Complete labs only at the Health Center. At this time schedule your Step 3 visit to review the labs with a medical professional.
2. Complete the on-line Health Risk Assessment questionnaire. Your labs will be sent to you via patient portal.
3. Review your labs and HRA questionnaire with a medical professional .

HRA Questionnaire Instructions

1. Go to: <https://tcma.hra.net>
2. Register as a new user
Registration Number:
3. Enter your name, email, and other information as requested. Click "Submit" to create your account.
4. Click on "Health Risk Assessment" to begin the assessment.
5. Respond to each question and select "next" once complete. Once all questions are answered you are ready for Step 3.

YOUR HEALTH IS
OUR PRIORITY

Hours of Operation
Monday - Friday:
Saturday:

www.tcmahealthcare.com



PREVENTATIVE HEALTH

HEALTH PROMOTION

HEALTH PROMOTION

- HEALTH PROMOTION IS A STRATEGY THAT EMPOWERS ONE TO MAKE HEALTHY CHOICES THAT WILL PREVENT ILLNESS AND PROMOTE HEALTH
- THERE ARE MANY ASPECTS OF HEALTH PROMOTION. THE INDIVIDUAL, THE COMMUNITY, AND THE ENVIRONMENT
- PREVENTATIVE HEALTH SCREENINGS, AND SMART LIFESTYLE CHOICES DECREASE MORBIDITY AND MORTALITY RATES

MEDICAL SCREENINGS

WELL VISIT

- INCLUDES PERSONAL HISTORY; BLOOD PRESSURE, BODY MASS INDEX (BMI), PHYSICAL EXAM, COUNSELING
- ANNUALLY FOR AGES 19-21
- EVERY 1-3 YEARS AGES 22-49 DEPENDING ON RISK FACTORS
- ANNUALLY AGES 50 AND OLDER

BMI

- BODY MASS INDEX CALCULATION
- BODY FAT PERCENTAGE MAY BE A BETTER INDICATOR OF BEING OVER WEIGHT OR OBESE



BODY FAT CHART



Body Fat Percentage Chart

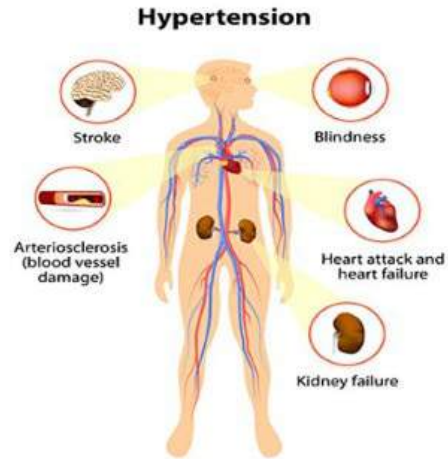
	Underfat	Ideal	Overfat	Obese
Women				
Age 20-39	< 21%	21% to 33%	34% to 39%	> 39%
Age 40-59	< 23%	23% to 34%	35% to 40%	> 40%
Age 60-79	< 24%	24% to 35%	36% to 42%	> 42%
Men				
Age 20-39	< 8%	8% to 19%	20% to 25%	> 25%
Age 40-59	< 11%	11% to 21%	22% to 28%	> 28%
Age 60-79	< 13%	13% to 24%	25% to 30%	> 30%

Source: American Journal of Clinical Nutrition. Gallagher et al; Health percentage of body fat ranges: an approach for developing guidelines based on body mass index; 2000;72:694-701

BLOOD PRESSURE

- ANNUALLY
- NORMAL BLOOD PRESSURE IS CONSIDERED LESS THEN 120/80
- ELEVATED 120-129/ <80
- STAGE 1 HTN 130-139/80-89
- STAGE 2 HTN >= 140/90
- HYPERTENSIVE EMERGENCY 180 > OR 120>

COMPLICATIONS OF HYPERTENSION



CHOLESTEROL SCREENING

- BASELINE AT AGE 20 THEN EVERY 4 YEARS UNLESS YOU HAVE RISK FACTORS SUCH AS HTN, DIABETES, ABNORMAL LIPIDS, OVER WEIGHT OR OBESE, SMOKER, FAMILY HISTORY OF HEART DISEASE
- MORE IMPORTANT THAN TOTAL CHOLESTEROL IS LDL COUNT, PARTICLE SIZE AND RATIO

DIABETES

- ASYMPTOMATIC INDIVIDUALS SHOULD BE CHECKED AT AGE 45 THEN EVERY 2 YEARS
- INDIVIDUALS WITH RISK FACTORS SHOULD BE CHECKED YEARLY
- RISK FACTORS INCLUDE-OVERWEIGHT, INACTIVITY, FAMILY HISTORY, RACE (HISPANICS, AMERICAN INDIANS AND AMERICAN ASIANS HIGHER RISK), AGE, HTN, ELEVATED CHOLESTEROL/TRIGLYCERIDES
- SOME SYMPTOMS OF DIABETES INCLUDE EXCESSIVE THIRST OR URINATION, FATIGUE, WEIGHT LOSS, BLURRED VISION, FREQUENT YEAST INFECTIONS, SLOW HEALING WOUNDS, OR NUMBNESS AND TINGLING TO HANDS OR FEET

DIABETES COMPLICATIONS



EKG

- BASELINE AT AGE 30, AGE 40-49 EVERY 2-3 YEARS, 50 AND OVER EVERY YEAR OR SOONER IF THERE IS A FAMILY HISTORY OF HEART DISEASE



BONE MINERAL DENSITY TESTING

- WOMEN AGE 65 OR OLDER AND MEN AGE 70 OR OLDER EVERY 5 YEARS
- SOONER IF YOU HAVE RISK FACTORS THAT PUT YOU AT A GREATER RISK FOR FRACTURE
- CIGARETTE SMOKING
- LONG-TERM USE OF STEROID (GLUCOCORTICOID) MEDICATIONS SUCH AS PREDNISONE
- LOW BODY WEIGHT (LESS THAN 127 LBS OR 58 KG)
- RHEUMATOID ARTHRITIS
- HISTORY OF A NON-TRAUMATIC OR LOW TRAUMA BONE FRACTURE IN SELF OR PARENTS (EG, BREAKING A BONE AFTER FALLING FROM STANDING HEIGHT OR LESS)
- EXCESSIVE ALCOHOL CONSUMPTION
- A DISORDER STRONGLY ASSOCIATED WITH OSTEOPOROSIS, SUCH AS DIABETES, UNTREATED HYPERTHYROIDISM, HYPERPARATHYROIDISM, EARLY MENOPAUSE, CHRONIC MALNUTRITION OR MALABSORPTION, OR CHRONIC LIVER DISEASE

COLORECTAL CANCER SCREENING

- AT AGE 50, THEN EVERY 5-10 YEARS DEPENDING ON THE RESULTS-OR A FECAL OCCULT BLOOD TEST (FOBT) YEARLY WITH A SIGMOIDOSCOPY EVERY 5 YEARS
- SOONER IF YOU HAVE A FAMILY HISTORY
- SOME SYMPTOMS INCLUDE BLOOD IN THE STOOL, ABDOMINAL PAIN, CHANGE IN STOOL PATTERNS, FATIGUE, WEIGHT LOSS
- COLORECTAL CANCER IS THE THIRD LEADING CAUSE OF CANCER-RELATED DEATHS IN WOMEN IN THE UNITED STATES AND THE SECOND LEADING CAUSE IN MEN

MAMMOGRAPHY

- WOMEN AGE 45-74, MAMMOGRAPHY DONE BEFORE AGE 45 UNDER INDIVIDUAL CONTEXT AFTER DISCUSSING RISK, BENEFIT AND HARMS, AFTER AGE 55, EVERY OTHER YEAR, THEY MAY CHOOSE TO CONTINUE YEARLY
- SOME GOVERNING BODIES RECOMMEND AGE 40 AND OVER ANNUALLY
- WOMEN OVER 74 DISCUSS BENEFIT AND LIMITATIONS
- SOONER IF THERE IS A FAMILY HISTORY OR RISK FACTORS
- THE MOST COMMON CANCER IN WOMEN
- OVER 40,000 WOMEN ARE EXPECTED TO DIE FROM BREAST CANCER IN 2017

BREAST CANCER RISK FACTORS

- AGE (GREATER THAN 55)
- FAMILY HISTORY
- RADIATION TO FACE/CHEST BEFORE AGE 30
- OVERWEIGHT
- NOT HAVING A [FULL TERM](#) PREGNANCY
- NOT BREASTFEEDING
- LATE MENSES/EARLY MENOPAUSE
- HORMONE REPLACEMENT THERAPY
- ALCOHOL USE
- SMOKING
- INACTIVITY

CERVICAL CANCER SCREENING-PAP SMEAR

- WOMEN AGE 21-65 EVERY 3 YEARS, OR EVERY 5 YEARS WITH AN HPV TEST FOR WOMEN AGE 30-65
- ABOUT 12,820 NEW CASES OF INVASIVE CERVICAL CANCER WILL BE DIAGNOSED. ABOUT 4,210 WOMEN WILL DIE FROM CERVICAL CANCER
- **PREGNANCY:** WOMEN WHO HAVE HAD THREE OR MORE FULL-TERM PREGNANCIES, OR WHO HAD THEIR FIRST FULL-TERM PREGNANCY BEFORE AGE 17, ARE TWICE AS LIKELY TO GET CERVICAL CANCER.
- **FAMILY HISTORY:** WOMEN WITH A SISTER OR MOTHER WHO HAD CERVICAL CANCER ARE TWO TO THREE TIMES MORE LIKELY TO DEVELOP CERVICAL CANCER.
- **SEXUAL HISTORY:** CERTAIN TYPES OF SEXUAL BEHAVIOR ARE CONSIDERED RISK FACTORS FOR CERVICAL CANCER AND HPV INFECTION. THESE INCLUDE: SEX BEFORE AGE 18, SEX WITH MULTIPLE PARTNERS AND SEX WITH SOMEONE WHO HAS HAD MULTIPLE PARTNERS.
- **SMOKING:** A WOMAN WHO SMOKES DOUBLES HER RISK OF CERVICAL CANCER.
- **ORAL CONTRACEPTIVE USE:** WOMEN WHO TAKE ORAL CONTRACEPTIVES FOR MORE THAN FIVE YEARS HAVE AN INCREASED RISK OF CERVICAL CANCER, BUT THIS RISK RETURNS TO NORMAL WITHIN A FEW YEARS AFTER THE PILLS ARE STOPPED.
- **WEAKENED IMMUNE SYSTEM:** IN MOST PEOPLE WITH HEALTHY IMMUNE SYSTEMS, THE HPV VIRUS CLEARS ITSELF FROM THE BODY WITHIN 12-18 MONTHS. HOWEVER, PEOPLE WITH HIV OR OTHER HEALTH CONDITIONS HAVE A HIGHER RISK OF DEVELOPING CERVICAL CANCER.
- **HPV:** THOUGH HPV CAUSES CANCER, HAVING HPV DOES NOT MEAN YOU WILL GET CANCER

PROSTATE CANCER

- MEN STARTING AT AGE 45-50 DEPENDING ON RISK FACTORS-CONTROVERSIAL
- RISK FACTORS
- AGE-ESPECIALLY AFTER AGE 50. MORE THAN 80% OF PROSTATE CANCERS ARE DIAGNOSED IN MEN WHO ARE 65 OR OLDER
- FAMILY HISTORY
- RACE-INCREASED RISK FOR AFRICAN AMERICANS. AFRICAN AMERICAN MEN ARE 56% MORE LIKELY TO DEVELOP PROSTATE CANCER COMPARED WITH CAUCASIAN MEN AND NEARLY 2.5 TIMES AS LIKELY TO DIE FROM THE DISEASE.

SKIN CANCER SCREENING

- AGE 19-26 EVERY 3 YEARS, ANNUALLY AFTER THAT
- RISK FACTORS
- A LIGHTER NATURAL SKIN COLOR.
- FAMILY HISTORY OF SKIN CANCER.
- A PERSONAL HISTORY OF SKIN CANCER.
- EXPOSURE TO THE SUN THROUGH WORK AND PLAY.
- A HISTORY OF SUNBURNS, ESPECIALLY EARLY IN LIFE.
- A HISTORY OF INDOOR TANNING.
- SKIN THAT BURNS, FRECKLES, REDDENS EASILY, OR BECOMES PAINFUL IN THE SUN.
- BLUE OR GREEN EYES.
- BLOND OR RED HAIR.
- CERTAIN TYPES AND A LARGE NUMBER OF MOLES.

ABDOMINAL AORTIC ANEURYSM

- ONCE FOR MEN AGE 65-75 WHO HAVE EVER SMOKED
- RISK FACTORS
- ADVANCED AGE
- MALE GENDER
- CAUCASIAN RACE
- A POSITIVE FAMILY HISTORY
- SMOKING
- THE PRESENCE OF OTHER LARGE VESSEL ANEURYSMS
- ATHEROSCLEROSIS

SEXUALLY TRANSMITTED INFECTIONS (STI)

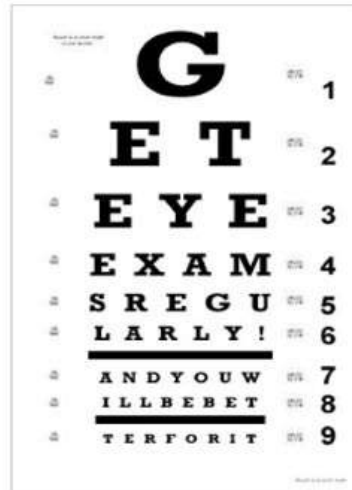
- CHALMYDIA AND GONORRHEA-AGE 25 AND OLDER ANNUALLY IF AT RISK
- HIV-ALL PREGNANT WOMEN, ONCE BETWEEN AGE 15-65 OR ANNUALLY IF AT VERY HIGH RISK, EVERY 3-5 YEARS IF AT INCREASED RISK
- THERE HAS BEEN SOME ANTIBIOTIC RESISTANT CASES OF GONORRHEA DISCOVERED
- THE APPROXIMATELY 1.4 MILLION REPORTED CASES OF CHLAMYDIA, A RATE OF 456.1 CASES PER 100,000 POPULATION, IS UP 2.8 PERCENT SINCE 2013. **RATES OF PRIMARY AND SECONDARY (P&S) SYPHILIS – THE MOST INFECTIOUS STAGES OF SYPHILIS –AND GONORRHEA HAVE BOTH INCREASED SINCE 2013, BY 15.1 PERCENT AND 5.1 PERCENT, RESPECTIVELY**
- MANY SEXUALLY TRANSMITTED DISEASES DO NOT EXHIBIT OBVIOUS SYMPTOMS SO PEOPLE WHO ARE INFECTED MAY NOT EVEN KNOW IT

HIV STATISTICS

- **PREVALENCE**
- NUMBER OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014: 7,796
- 62% OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014 WERE MEN, AND 38% WERE WOMEN.
- 60% OF PEOPLE LIVING WITH DIAGNOSED HIV IN 2014 WERE BLACK, 14% HISPANIC/LATINO, AND 24% WHITE.
- **NEW DIAGNOSES**
- NUMBER OF NEW HIV DIAGNOSES IN 2015: 287
- 66% OF PEOPLE NEWLY DIAGNOSED WITH HIV BETWEEN 2011 AND 2015 WERE MEN, AND 34% WERE WOMEN.
- 57% OF PEOPLE NEWLY DIAGNOSED WITH HIV BETWEEN 2011 AND 2015 WERE BLACK, 17% HISPANIC/LATINO, AND 24% WHITE.
- **MORTALITY**
- NUMBER OF DEATHS OF PEOPLE WITH DIAGNOSED HIV IN 2014: 156
- NUMBER OF DEATHS OF PEOPLE WITH DIAGNOSED HIV IN FLORIDA IN 2014: 1,916

HEARING AND VISION SCREENING

- HEARING-ONLY IF SYMPTOMATIC
- VISION AGES 40 AND OLDER EVERY 5-10 YEARS TO TEST FOR GLAUCOMA-MORE FREQUENTLY AS YOU AGE
- YEARLY IF SYMPTOMATIC



LABORATORY TESTS

- AGE 20-39 EVERY 3 YEARS, AGES 40-49 EVERY 2 YEARS AGE 50 AND OLDER YEARLY FOR VARIOUS ILLNESS/DISEASES LIKE DIABETES, KIDNEY DISEASE, THYROID DISEASE, HORMONE IMBALANCES, VITAMIN DEFICIENCIES
- GET TESTED BEFORE SYMPTOMS OCCUR



SELF EXAMS

MEN

- TESTICULAR EXAMS MONTHLY STARTING AT AGE 18
- MOST COMMONLY DIAGNOSED FROM AGES 20-34
- RISK FACTORS
 - AN UNDESCENDED TESTICLE
 - FAMILY HISTORY OF TESTICULAR CANCER
 - HIV INFECTION
 - HAVING HAD TESTICULAR CANCER BEFORE
 - RACE/ETHNICITY-CAUCASIANS HAVE A 4-5 TIMES HIGHER RISK THEN OTHER RACES
- BREAST-THIS YEAR APPROXIMATELY 2470 MEN WILL BE DIAGNOSED
- SKIN CHECKS-KNOW YOUR BODY

WOMEN

- BREAST EXAMS MONTHLY-AT THE SAME TIME (IE, FIRST DAY OF EVERY MONTH)-
CONTROVERSIAL
- SKIN CHECKS-KNOW YOUR BODY



IMMUNIZATIONS

Vaccine	Age Group (Years)				
	19-26	27-49	50-59	60-64	>65
Influenza	One dose annually				
Tetanus, diphtheria, pertussis	Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				TD booster every 10 years
Varicella	Two doses				
Human Papillomavirus (HPV)	Three doses (females)				
Zoster				One dose	
Measles, mumps, rubella	One or two doses		One dose		
Pneumococcal	1 or 2 doses				1 dose
Meningococcal	One or more doses				
Hepatitis A	Two doses				
Hepatitis B	Three doses				

LIFESTYLE

- WATCH YOUR WEIGHT-OVER 38% OF ADULTS ARE OBESE
- QUIT SMOKING
- WATCH ALCOHOL INTAKE
- EXERCISE
- GET ADEQUATE SLEEP
- TRY TO DE STRESS-STRESS CAUSES REAL PHYSICAL SYMPTOMS
- BE SOCIAL-SPEND TIME WITH FAMILY AND FRIENDS
- KEEP YOUR MIND ACTIVE

COMMUNITY

- THE COMMUNITY IN WHICH YOU LIVE CAN AFFECT YOUR HEALTH
- DOES YOUR COMMUNITY ADVOCATE FOR HEALTH PROMOTION
- HOSPITALS/CLINICS
- GREEN MARKETS
- COMMUNITY SPONSERED EVENTS ABOUT HEALTH
- CENTERS THAT PROVIDE EXERCISE AND EDUCATION
- FREE CLINICS/IMMUNIZATIONS

ENVIRONMENT

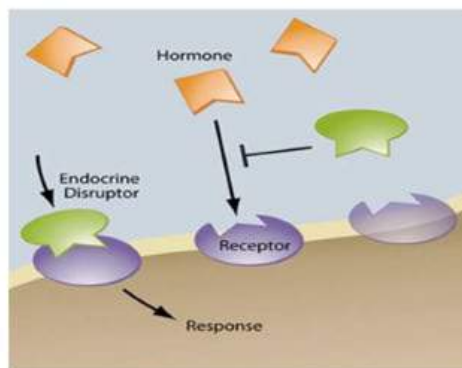
- THE ENVIRONMENT IN WHICH WE LIVE CAN DRAMATICALLY AFFECT OUR HEALTH
- ENVIRONMENTAL TOXINS INCLUDE NATURALLY OCCURRING COMPOUNDS SUCH AS:
 - LEAD
 - MERCURY
 - RADON
 - FORMALDEHYDE
 - BENZENE
 - CADMIUM
- THEY ALSO INCLUDE HUMAN-MADE CHEMICALS LIKE:
 - BPA
 - PHTHALATES
 - PESTICIDES


TOXIC EFFECTS

- CAUSE CANCER (RADON, FORMALDEHYDE, BENZENE);
- ACT AS ENDOCRINE DISRUPTORS (BPA, PESTICIDES, PHTHALATES); AND
- CAUSE ORGAN FAILURE OR DEVELOPMENTAL PROBLEMS (LEAD, MERCURY, CADMIUM)

ENDOCRINE DISRUPTORS

- ENDOCRINE DISRUPTORS INCLUDE A WIDE RANGE OF SUBSTANCES, BOTH NATURAL AND HUMAN-MADE, THAT MAY INTERFERE WITH THE BODY'S ENDOCRINE (HORMONE AND CELL SIGNALING) SYSTEM AND PRODUCE ADVERSE DEVELOPMENTAL, REPRODUCTIVE, NEUROLOGICAL, AND IMMUNE EFFECTS.



- ENDOCRINE DISRUPTORS USUALLY MIMIC ESTROGEN AND ARE FOUND IN MANY EVERYDAY PRODUCTS WE USE, INCLUDING:
 - SOME PLASTIC BOTTLES AND CONTAINERS
 - FOOD CAN LINERS
 - DETERGENTS
 - FLAME RETARDANTS
 - TOYS
 - COSMETICS
 - PESTICIDES
 - IN PARTICULAR, THE INDUSTRIALLY PRODUCED COMPOUNDS BISPHENOL A (BPA), PESTICIDES, AND PHTHALATES ARE AMONG THE MOST POTENTIALLY DANGEROUS
- 



**QUIT SMOKING TODAY!
NOVEMBER 17TH
IS THE GREAT AMERICAN SMOKEOUT DAY**

**Let your healthcare provider know that you are
interested in quitting smoking-WE CAN HELP!**

**Personalized one on one sessions where we will discuss the
best way for you to stop smoking, treatment plans
individualized for you!**

**We will provide the counseling and if needed the
prescription quit aids free of cost**

Start Breathing Easy

8. Do you offer a wellness portal?

Yes, TCMAi offers a wellness portal.

9. Can the portal be customized for the City's brand and/or existing wellness program?

Yes, the portal can be customized for the City's brand.

10. What unique features does your portal offer?

TCMAi's wellness portal provides beneficial information on Healthy Living Habits, medically supervised Diet Plans, Common asked questions and answers pertaining to Health, Wellness, Awareness, and Well Being.

C.

Telemedicine

1. Do you offer telemedicine services to complement the onsite services when necessary? If yes, describe your capabilities.

We currently do not offer telemedicine services at the clinic, but this is an option that can be considered in the future. TCMAi uses telemedicine for their Urgent Care patients and finds it to be very beneficial. We do offer Tele-Video services to complement the onsite services.

2. Is this provided directly or through a subcontractor?

If the City of Port St. Lucie decided they wanted to offer these services in the Clinic, the services would be provided directly.

3. How is this service integrated into the clinic model?

In order to implement Telemedicine in the Clinic, an additional Provider would need to be added to the existing staffing model, as well as the telemedicine software that would cost the City of Port St. Lucie \$300.00 per month.

D.

Purchasing Strategies

1. What other services can you provide in coordination with your clinic to provide additional savings for the City?

TCMAi has 3 Urgent Care locations located in Jensen Beach, FL., Okeechobee, FL., and Sebring, FL. that would be available to the City of Port St Lucie employees, dependents, and retirees, at no additional cost to the City of Port St Lucie. These Urgent Cares are open seven days a week.

TCMAi has a fully operational Mobile Unit that includes 2 exam rooms and a full lab to conduct Occupational Healthcare to include Random Drug Screening with Chain of Custodies, Stress Test, EKGs, Physicals, and Lab Draws. We can bring the Occupational Healthcare to the worksite to reduce your employees time away from work.

2. Is there an additional cost for these services?

No, there is not any additional costs for these services.

3. What are the typical outcomes for these programs?

These services can keep the City of Port St. Lucie from having unnecessary claims and provide

convenience for the participants of the City's healthcare plan. **A significant reduction in absenteeism and presentism will be appreciated by the City**

Quality, Security, Compliance, and Accreditation

1. How do you plan to control, monitor, and measure quality at the clinic?

TCMAi has a strict Quality Assurance Program for the establishment and operation of an employee clinic to provide healthcare services. A strict Quality Control Program and constant communication between TCMAi Administration and the designated municipal administrator will ensure accountability of all TCMAi employees, satisfaction of the City of Port St. Lucie that the Scope of Services are being met, and continual assessment of project progress so any necessary changes can be brought to the immediate attention of both parties and changes implemented before deficiencies in service arise.

TCMAi Administration, or appointed operations designee will liaise with the City of Port St Lucie and act as Point of Contact to periodically discuss performance, review periodic reports, and for immediate resolution of any performance issues the City of Port St Lucie may have. This designee will have the responsibility of responding to all inquiries in a timely manner, as well as report to the City of Port St Lucie within a period to be determined by the City of Port St Lucie.

TCMAi will designate a Quality Assurance Officer from Finance & Operations who will be responsible for maintaining a Quality Assurance Program for the project which includes defined goals, quarterly audits, and a Corrective Action Plan for rectifying deficiencies.

2. Is your firm HIPAA compliant?

Yes, TCMAi is HIPAA Compliant. All TCMAi employees receive mandatory and continuing training on HIPAA standards during the new hire process as well as on annual training.

TCMAi's procedures for storing medical data are automated through our EMR and once entered by the medical provider are securely stored within HIPAA Standards. Only employees with secure passwords can access the EMR that contains patient specific data. Employees are limited to what they can view based on their role with the organization.

3. Is your firm AAAHC Accredited? If yes, please indicate how many of your facilities are accredited.

All of TCMAi's clinics are AAAHC Accredited.

4. Does your firm have any other accreditations related to quality, compliance, or continuous improvement? Please elaborate.

- Urgent Care Association of America
- American College of Occupational and Environmental Medicine
- American College of Preventive Medicine
- National Association of Health & Fitness
- Employee Health and Wellness Association

TCMAi has Performance Goals in place with all Municipal Partners. These goals are related to quality, compliance, and continuous improvement. TCMAi has never not achieved their Performance Goals and has always received their Performance Bonus.

5. Please provide a copy of your latest SOC 1 Type I and Type II reports.

TCMAi, does not have SOC Type I or SOC Type II reports because TCMAi does not outsource; billing, accounting, information technology, data, or operations that relate to financial compliance. However, should the City choose to undergo a financial audit at this level, TCMAi could provide SOC Type I and SOC Type II reports. Should the City administration request specific controls, TCMAi would consider retaining a suitable auditing organization to obtain this information.

6. Please describe your system for the assurance of personal health data security.

TCMAi is HIPAA compliant, whether it be patient records, encrypted emails, and patient portal. Personal Health Data is input directly into a HIPAA compliant EMR, MediTouch powered by HealthFusion. For any other use of medical information, TCMAi uses encrypted email program called Virtru for daily communication and enhanced encryption for highly sensitive communications. They use military grade protocols to ensure that all data is encrypted from end-to-end and ensures that all data is only viewed by the intended parties.

7. Have your network security systems ever been breached? Please elaborate.

No, TCMAi's network security has never been breached.

Technology

Describe your clinic technology and eligibility management including:

1. Electronic medical record (EMR) and practice management systems to be used by clinic staff. Be sure to include list of data sources required.

TCMAi uses MediTouch the latest state-of-the-art product by HealthFusion. This HIPAA-compliant EMR includes a patient portal where employees can make appointments, view their healthcare information, and communicate with clinic staff. This system is fully capable of integrating with other vendors and health plan provider software such as labs, X-ray, and pathology reports.

HealthFusion is an integrated EHR, Clearinghouse and Practice Management company that has been accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC). This certification means that MediTouch maintains or exceeds industry standards with regards to confidential and secure data interchange.

2. Do you offer data warehouse services? If so, is this a proprietary warehouse or do you outsource this service?

Data Warehouse services are included via our EMR, Meditouch. We are required by law to store all records for a minimum of seven years. This is housed off site in a secure cloud-based entity.

3. Patient portals and mobile mechanisms available to members and patients. Please provide URL, an ID and password.

Yes, a Patient Portal and Mobile Mechanisms are currently available to all members and patients. Access is available by registering as an individual existing patient.

HRA Website:

<https://tcma.hra.net/>

Patient Portal Website:

www.yourhealthfile.com

4. How do you maintain eligibility?

The City of Port St. Lucie sends TCMAi a monthly eligibility spreadsheet.

5. How frequently do you accept eligibility files?

These files are sent on a monthly basis.

6. Please provide your standard eligibility format.

These files are sent to TCMAi as an excel file.

7. Do you have a mobile application for appointment booking?

Yes, the patient portal can be accessed by mobile for appointment booking.

8. What access does the City have to your eligibility portal if any?

The City of Port St. Lucie would not have access to TCMAi's eligibility portal. The eligibility portal is accessed by logging into TCMAi's HIPAA protected EMR, Meditouch.

9. Please describe all security/privacy policies, procedures, practice standards, monitoring/audits and staff education in place today within the onsite clinic structure, if available otherwise to your current clinic structure.

TCMAi has a comprehensive security/privacy protocol, that is not only HIPPA compliant but conforms to IT federally regulated standards. These electronic safeguards are our primary protection against privacy and security breach's as TCMA is fully electronic, and digital.

10. List the types and frequency of data you will need from City to implement the proposed services and business requirements.

TCMAI is the current vendor for the City of Port St. Lucie clinic so implementation would not be necessary.

11. Ultimately who is responsible for the organization's information technology platform and its oversight?

TCMAi's IT Department would be responsible for our organization's information technology platform and oversight.

12. What HIPAA compliance requirements and safeguards are in place to protect the City/patient's personal health information (PHI)?

TCMAi is HIPAA compliant, whether it be patient records, encrypted emails, and patient portal. Personal Health Data is input directly into a HIPAA compliant EMR, MediTouch powered by HealthFusion. For any other use of medical information, TCMAi uses encrypted email program called Virtru for daily communication and enhanced encryption for highly sensitive communications. They use military grade protocols to ensure that all data is encrypted from end-to-end and ensures that all data is only viewed by the intended parties.

13. What support do you provide the clinic providers when there is an IT issue/question?

TCMAi has an IT Department that is available when the clinic has any IT issues or questions.

14. Please describe your problem resolution/escalation process for City employee complaints or issues with the onsite clinic's staff or services.

When the City employee identifies an issue, the complaint is brought to the attention of the Onsite Medical Manager to investigate. Upon investigation, appropriate measures will be taken to ensure the issue is not repeated in the future.

15. Describe your Data Management and Integration. Please include how your company allows for Integration with health

plan, employee benefits, and wellness programs.

TCMAi is fully digital, therefore, our IT department in conjunction with the City's IT department will review and compare our mutual IT protocols. Once this is completed an electronic bridge is constructed to transfer data within the confines of HIPPA and other regulations regarding privacy.

Proposed Program Costs & Estimated Savings

1. Explain the different pricing models you offer for your services. Which do you prefer and why? What model do you believe would be the most beneficial for our company based on our size, location and requested services?

TCMAi, the current vendor for the City of Port St. Lucie clinic, prefers to use the current pricing model they have agreed upon with the City of Port St. Lucie for the last seven (7) years. We are not increasing the fees our of services and guarantee these fees through-out the duration of the proposed contract.

TCMAi does not mark up any supplies, medications, or services. All fees not billed as the Administrative fee are a pass-through cost. Administrative fees and pass-through costs are invoiced separately to ensure clarity and transparency with all accounting. The administrative fee of **\$18.00 is a fixed dollar amount per eligible employee per month**, based on the number of eligible employees and their dependents provided to us by the City of Port St. Lucie. **TCMAi does not charge a monthly Administrative Fee for the City of Port St Lucie's eligible dependents or retirees.** There is no mark-up on any pass-through costs.

Typically, once the schedule has been set TCMAi remits invoices with a net 30-day payment term. Administrative fees are invoiced on the 1st of each month also with a net 30-day payment term. TCMAi will work with the City of Port St. Lucie to determine the most convenient billing cycle for pass-through costs.

Pass through-costs monthly include:

- All wages/benefits
- Medical supplies
- Office supplies
- Outside lab fees
- HRA lab fees
- Pharmaceutical stock
- Diagnostic fees
- Technology fees
- Internet & Communication Fees
- Medical Waste Removal
- Licensing & Insurance

Patients never pay co-pays for visits, medications, or any other services rendered in the Employee On-Site Clinic.

- TCMAi is willing to put **\$2.50 per eligible employee per month at risk in the form of a performance**

guarantee – patient satisfaction scores, growth rate, number of HRAs performed, clinic utilization, number of awareness events, or any other reasonable measurable metric can be used to determine performance.

- TCMAi staffs their clinics with emergency department trained physicians and mid-level providers to reduce costly, unnecessary referrals to specialists / emergency departments.
- TCMAi continually audits and negotiates our vendor pricing to ensure the most competitive prices possible.

2. Please confirm that charges will not be on a “Fee-for-Service” basis and will not be billed to the medical plan. Please identify any deviations.

Confirmed. Charges will not be on a Fee-for-Service basis and will not be billed to the medical plan. When an employee visits the health center to be seen as a patient, their health insurance information is never collected, thus a claim is not able to be sent or dropped. Instead the receptionist checks the eligibility roster sent over by the City to ensure the patient is an eligible to utilize the clinic.

Management fees and pass-through costs are invoiced separately to ensure clarity and transparency with all accounting. TCMAi does not charge for any extra services rendered inside our municipal partner’s clinic. All procedures and activities are provided at no additional cost other than our wholesale pass-through and those captured in our administrative fee.

3. Please include the following in your detailed pricing proposal based on your recommendation for clinic staffing and hours.

- a. Administration fees
- b. Start-up costs / fees
- c. Staff costs
- d. Supply costs
- e. Pharmacy costs (if applicable)
- f. Facility costs
- g. Detailed savings projections, including savings in the following areas:
 - i. Primary Care / Specialist Visits
 - ii. Prescription Drugs

TCMAi, is the current vendor for the City of Port St. Lucie clinic. All costs will stay the same and projected savings will continue to increase if TCMAi is awarded renewal of the contract.

4. Please provide pricing for optional services that can be integrated into the clinical program.

TCMAi has proposed to add the usage of the Mobile Unit for occasional Occupational Healthcare for the convenience of the City of Port St. Lucie and its employees. There would not be an additional cost for these services. TCMAi has also proposed to include the usage of their existing 3 Urgent Cares for the convenience to the City of Port St. Lucie and its eligible participants. There would not be an additional cost for these services as well.

5. Please indicate the number of years baseline fees are guaranteed.

The fees and rates are guaranteed throughout the duration of the contract.

6. Are medical staff rates guaranteed for the length of the contract? If not, please provide details on increases during the contract term.

Rates are guaranteed apart from a cost of living increase that is determined by the City of Port St. Lucie. Previous years the City of Port St. Lucie has awarded a 3% cost of living increase to the staff on an annual basis.

7. Please explain the procedure for adding future clinic/medical staff hours. Describe any additional administration cost to the City associated with an increase in future hours?

TCMAi would collaborate with the City of Port St. Lucie and run reports to assess the need to increase hours based on the number of visits, in addition to looking at suggestions on surveys, and ease of patient scheduling. This would not affect administrative cost as the same number of eligible employees would not change.

8. Please provide a detailed listing of all services included in your administrative fee.

Wellness Center Administration

- Program Management
- Supply and Medication ordering
- Outreach Program
- Workers Compensation Documentation
- HRA Management
- Integrated phone and internet maintenance
- Ongoing evaluation and implementation
- Office Staff Management
 - Recruiting
 - Credentialing service reports on Medical professional
 - Annual performance review and quality control of medical staff
 - Appropriate staff scheduling
 - 24 x 7 Nurse on Call

Technology

- 24 x 7 On-line appointment scheduling
- 24 x 7 Patient access to labs & radiology results
- EMR software management and support
- Online Wellness Center
- Integrated Portal

Reporting

- Monthly utilization reporting
- Annual patient satisfaction reports

Prevention Programs

- Health Risk Assessment Program (ongoing)

- Online or paper assessments
 - Physical exam including labs and biometrics
 - Review and analysis by provider
 - Online access to results
 - One on one wellness coaching
- Meetings with Police Department as requested
- Marketing the Wellness Center
- Promoting benefits and services

Medical Services

- Emergency Services:
 - On-site laboratory services and X-rays
 - Strains, sprains, cuts, and stiches
 - Dislocations and fractures
 - Splinter and foreign body removal
 - Administering of breathing treatments
 - Ear and sinus infections
 - Abdominal pain

Family Medicine

- Routine medical exams and regular follow-ups
- Diabetes management
- Migraines and headaches
- High blood pressure management
- Sore throats, coughs, ear aches, fevers, coughs and flu
- Pneumonia and flu shots
- Biometrics, including BMI calculations
- Patient education and case management
- EKG

Pediatrics (Beginning at 2 weeks of age)

- Childhood illnesses
- School, sports, and camp physical exams

Women's Health

- Pap smears and breast exams
- Gynecological problems
- Urinary tract infections
- Pregnancy testing and contraception prescription

Medical Staff Services

- Wellness Coaches
- On Site Nutritionist
- Specialized Case and Disease Management
- On-site / in office vaccination
- Staff time for x-ray examinations

Labs

- Onsite collection of specimens and blood
- Reporting of results to medical provider/patients
- Integration of lab data with systems

Medications

- On-site dispensing of medication
- Analyze and track actual usage of all dispensed medications

Occupational/Worker's Compensation Services

- First Report of Injury
- Treatment thru Maximum Medical Improvement
- DWC-25
- Preventive Services (drug screens, physicals, DOT, etc.)

Fit for Duty/Physicals

- Pre-Employment Drug Testing
- Post Job Offer physicals
- Annual Physicals Examinations (Police)
- Random Drug and Alcohol Screening
- Post-Accident Drug and Alcohol Screening

Medical Malpractice is not included in this fee. The estimated rate is \$18,000 for the year.

9. Will laboratory costs be run through the medical plan or as a pass through to the City?

Lab costs will continue to be billed as a pass-through cost to the City.

10. If the proposer uses a prescription formulary, provide a copy of the formulary along with associated prescription costs.

TREASURE COAST MEDICAL ASSOCIATES- FORMULARY				
NDC	Med Description	Size	Cost	
00904-1982-60	ACETAMINOPHEN 325MG TAB	100	5	3.79
50383-0889-15	ACETIC ACID 2% OTIC SOL	15ML	5	20.50
60505-5306-01	ACYCLOVIR, USP 400MG TAB	100	5	10.71
60505-5306-01	ACYCLOVIR, USP 400MG TAB	30	5	5.50
53217-0188-50	ACYCLOVIR, USP 400MG TAB	50	5	6.96
00487-9501-25	ALBUTEROL SOL 0.083%	25X3ML	5	5.00
00591-5543-01	ALLOPURINOL, USP 100MG TAB	100	5	6.74
00591-5544-01	ALLOPURINOL, USP 300MG TAB	100	5	9.35
33261-0597-30	ALLOPURINOL, USP 300MG TAB	30	5	11.50
33261-0597-90	ALLOPURINOL, USP 300MG TAB	90	5	17.74
00603-2213-21	AMITRIPTYLINE 25MG TAB	90	5	16.25
42582-0315-09	AMLODIPINE BESYLATE, USP 10MG TAB	90	5	3.75
67877-0198-90	AMLODIPINE BESYLATE, USP 5MG TAB	90	5	4.05
00143-9982-01	AMOX/CLAV POT, USP 400-57MG/5ML SUSP	100ML	5	8.74
66685-1002-00	AMOX/CLAV POT, USP 500/125MG TAB	20	5	9.70
00781-1852-20	AMOX/CLAV POT, USP 875/125MG TAB	20	5	9.24
53217-0249-01	AMOXICILLIN, USP 200MG/5ML SUSP	100ML	5	6.69
00143-9887-01	AMOXICILLIN, USP 400MG/5ML SUSP	100ML	5	5.50
53217-0217-20	AMOXICILLIN, USP 500MG CAP	20	5	4.90
53217-0217-30	AMOXICILLIN, USP 500MG CAP	30	5	6.58
00143-9951-20	AMOXICILLIN, USP 875MG TAB	20	5	6.95
49483-0387-12	ASPIRIN EC 81MG TAB	120	5	3.35
33261-0152-00	ASPIRIN EC 81MG TAB	100	5	4.37
53217-0237-90	ATENOLOL, USP 100MG TAB	90	5	10.97
68382-0022-01	ATENOLOL, USP 25MG TAB	100	5	9.40
53217-0181-30	ATENOLOL, USP 25MG TAB	30	5	6.23
53217-0181-90	ATENOLOL, USP 25MG TAB	90	5	11.56
68382-0023-01	ATENOLOL, USP 50MG TAB	100	5	11.60
53217-0201-90	ATENOLOL, USP 50MG TAB	90	5	13.65
33261-0959-30	ATORVASTATIN CALCIUM 10MG TAB	30	5	4.71
60505-2578-09	ATORVASTATIN CALCIUM 10MG TAB	90	5	6.13
00781-5382-92	ATORVASTATIN CALCIUM 20MG TAB	90	5	7.15
60505-2580-09	ATORVASTATIN CALCIUM 40MG TAB	90	5	9.51
59762-3140-01	AZITHROMYCIN, USP 200MG/5ML SUSP	30ML	5	13.04
68180-0160-13	AZITHROMYCIN, USP 250MG TAB	6	5	5.25
43802-0060-03	BACITRACIN 500U/GM OINT	30GM	5	5.63
53217-0190-90	BENAZEPRIL HCL, USP 10MG TAB	90	5	7.95
43547-0337-10	BENAZEPRIL HCL, USP 20MG TAB	100	5	6.23
33261-0180-90	BENAZEPRIL HCL, USP 20MG TAB	90	5	8.07
43547-0338-50	BENAZEPRIL HCL, USP 40MG TAB	90	5	7.25
67877-0573-05	BENZONATATE, USP 100MG CAPSULE	20	5	4.81
67877-0573-05	BENZONATATE, USP 100MG CAPSULE	30	5	5.00
33261-0147-90	BENZONATATE, USP 100MG CAPSULE	90	5	9.18
67877-0575-05	BENZONATATE, USP 200MG CAPSULE	20	5	5.70
67877-0575-05	BENZONATATE, USP 200MG CAPSULE	30	5	6.95
51672-1310-03	BETAMETHASONE DIPROPIONATE, USP 0.05% CREAM (AUGMENTED)	50GM	5	7.01
33261-0863-01	BETAMETHASONE VALERATE, USP 0.1% CREAM	15GM	5	27.20
33261-0449-90	BUPROPION HCL E-R, USP (SR) 150MG TAB	90	5	16.19
00115-6811-10	BUPROPION HCL E-R, USP (XL) 150MG TAB	90	5	14.97
45963-0142-90	BUPROPION HCL E-R, USP (XL) 300MG TAB	90	5	25.08
00781-1064-01	BUPROPION HCL, USP 100MG TAB	90	5	45.04
53217-0125-30	BUTAL/APAP/CAFF, USP 50/325/40MG TAB	30	5	13.74
13668-0268-10	CARBAMAZEPINE, USP 200MG TAB	90	5	29.61
00904-6627-35	CARBAMIDE PEROXIDE 6.5% OTIC	15ML	5	4.65
68462-0164-01	CARVEDILOL, USP 12.5MG TAB	100	5	4.71
68462-0164-01	CARVEDILOL, USP 12.5MG TAB	90	5	5.50

NDC	Med Description	Size	Cost
68462-0165-01	CARVEDILOL, USP 25MG TAB	100	5.13
35356-0526-90	CARVEDILOL, USP 25MG TAB	90	5.88
68382-0093-01	CARVEDILOL, USP 6.25MG TAB	100	5.65
68462-0163-05	CARVEDILOL, USP 6.25MG TAB	90	5.65
65862-0219-01	CEFDINIR, USP 250MG/5ML SUSP 100ML	100ML	17.46
53217-0030-20	CEFDINIR, USP 300MG CAP	20	13.80
65862-0909-01	CELECOXIB 200MG CAP	100	26.50
69097-0421-12	CELECOXIB 200MG CAP	30	9.44
68180-0124-02	CEPHALEXIN 250MG/5ML SUSP	200ML	28.32
53217-0207-20	CEPHALEXIN, USP 500MG CAP	20	5.14
53217-0207-40	CEPHALEXIN, USP 500MG CAP	40	7.39
17478-0714-10	CIPROFLOXACIN HCL 0.3% OPTH SOLUTION	5ML	5.33
16571-0412-10	CIPROFLOXACIN, USP 500MG TAB	10	4.25
16571-0412-10	CIPROFLOXACIN, USP 500MG TAB	20	5.25
33261-0164-06	CIPROFLOXACIN, USP 500MG TAB	6	4.45
65862-00005-01	CITALOPRAM, USP 10MG TAB	90	5.35
13668-0010-01	CITALOPRAM, USP 20MG TAB	100	5.42
65862-0006-05	CITALOPRAM, USP 20MG TAB	90	5.65
13668-0011-01	CITALOPRAM, USP 40MG TAB	100	5.88
33261-0028-90	CITALOPRAM, USP 40MG TAB	90	6.70
53217-0325-20	CLARITHROMYCIN, USP 500MG TAB	20	17.57
00591-5708-01	CLINDAMYCIN HCL, USP 150MG CAP	30	6.25
33261-0448-30	CLINDAMYCIN HCL, USP 300MG CAP	30	10.16
52817-0180-10	CLONIDINE HCL, USP 0.1MG TAB	100	5.16
00228-2127-50	CLONIDINE HCL, USP 0.1MG TAB	90	5.88
33261-0987-30	CLOPIDOGREL, USP 75MG TAB	30	5.88
65862-0357-90	CLOPIDOGREL, USP 75MG TAB	90	8.08
45802-0434-11	CLOTRIMAZOLE AF, USP 1% CREAM	15GM	6.50
68462-0298-17	CLOTRIMAZOLE/BETAMETH DIPROPIONATE, USP CRM 10/0.64MG	15GM	7.70
43547-0400-10	CYCLOBENZAPRINE HCL, USP 10MG TAB	100	5.27
69097-0846-15	CYCLOBENZAPRINE HCL, USP 10MG TAB	30	3.95
69097-0846-15	CYCLOBENZAPRINE HCL, USP 10MG TAB	90	5.27
53217-0302-60	DICYCLOMINE HCL, USP 10MG CAP	60	6.74
00093-0321-01	DILTIAZEM HCL 120MG TAB	100	37.44
00904-5306-60	DIPHENHYDRAMINE HCL, USP 25MG CAP	20	3.75
33261-0225-24	DIPHENHYDRAMINE HCL, USP 25MG CAP	24	4.01
00904-5306-60	DIPHENHYDRAMINE HCL, USP 25MG CAP	30	3.95
67405-0651-05	DOXYCYCLINE HYCLATE, USP 100MG CAP (VIBRAMYCIN)	20	5.88
33261-0143-20	DOXYCYCLINE HYCLATE, USP 100MG TAB (VIBRA-TAB5)	20	7.62
45802-0466-35	ECONAZOLE NIT 1% CRM	15GM	15.83
33261-0795-01	ERYTHROMYCIN OPTH OINTMENT, USP 0.5%	3.5GM	9.35
16729-0169-01	ESCITALOPRAM, USP 10MG TABLET	100	7.25
16729-0169-01	ESCITALOPRAM, USP 10MG TABLET	90	7.10
69097-0849-05	ESCITALOPRAM, USP 20MG TABLET	90	7.70
51862-0333-01	ESTRADIOL 1MG TAB	90	18.69
61442-0121-01	FAMOTIDINE, USP 20MG TAB	100	5.45
33261-0185-90	FAMOTIDINE, USP 20MG TAB	90	5.95
65862-0860-01	FAMOTIDINE, USP 40MG TAB	100	7.04
33261-0562-90	FAMOTIDINE, USP 40MG TAB	90	8.15
00115-5522-10	FENOFIBRATE 160MG TAB	90	29.73
33261-0715-00	FERROUS SULFATE 325MG TAB	100	4.88
33261-0715-90	FERROUS SULFATE 325MG TAB	90	4.62
69230-0202-01	FEXOFENADINE HCL, USP 180MG TAB	100	22.14
69230-0202-01	FEXOFENADINE HCL, USP 180MG TAB	90	21.89
00378-5036-77	FINASTERIDE, USP 5MG TAB	90	6.58
67405-0603-01	FLUCONAZOLE, USP 150MG TAB	1	4.25
33261-0184-90	FLUOXETINE, USP 10MG CAP	90	5.94
42543-0726-01	FLUOXETINE, USP 20MG CAP	100	5.12
50111-0648-02	FLUOXETINE, USP 20MG CAP	90	5.25
50111-0648-02	FLUOXETINE, USP 40MG CAP	90	13.05

NDC	Med Description	Size	Cost
33261-0446-01	FLUTICASONE PROPIONATE NASAL SPRAY, USP 50MCG	16GM	\$ 8.42
53217-0271-00	FUROSEMIDE, USP 20MG TAB	100	\$ 4.64
69315-0116-01	FUROSEMIDE, USP 20MG TAB	90	\$ 6.60
69315-0117-01	FUROSEMIDE, USP 40MG TAB	100	\$ 6.67
69315-0117-01	FUROSEMIDE, USP 40MG TAB	90	\$ 7.00
49843-0606-01	GABAPENTIN, USP 300MG CAP	100	\$ 7.40
67877-0223-10	GABAPENTIN, USP 300MG CAP	90	\$ 7.37
69097-0815-12	GABAPENTIN, USP 400MG CAP	90	\$ 9.25
68462-0126-05	GABAPENTIN, USP 600MG CAP	90	\$ 12.63
53217-0251-99	GEMFIBROZIL 600MG, USP TAB	180	\$ 27.63
69097-0821-12	GEMFIBROZIL 600MG, USP TAB	90	\$ 10.25
53217-0229-01	GENTAMICIN SULF, USP 0.3% OPTH SOLUTION	5ML	\$ 6.41
60505-0142-00	GLIPIZIDE, USP 10MG TAB	100	\$ 6.15
53217-0196-90	GLIPIZIDE, USP 10MG TAB	90	\$ 6.00
60505-0141-00	GLIPIZIDE, USP 5MG TAB	100	\$ 5.25
00781-1452-10	GLIPIZIDE, USP 5MG TAB	90	\$ 5.15
33261-0209-90	GLYBURIDE, USP 5MG TAB	90	\$ 11.74
65862-0081-05	GLYBURIDE/METFORMIN HCL, USP 2.5/500MG TAB	90	\$ 8.75
49999-0401-90	GLYBURIDE/METFORMIN HCL, USP 5/500MG TAB	90	\$ 9.25
00536-1095-97	GUAIFENESIN SYRUP (ROBAFEN) 100MG/5ML	118ML	\$ 4.65
00121-0775-04	GUAIFENESIN/CODEINE PHOSPHATE, USP 100-10MG/5ML SOL	118ML	\$ 11.70
00904-0053-00	GUAIFENESIN/DEXTROMETHORPHAN TUSSIN DM 100-10MG	120ML	\$ 4.60
16729-0182-01	HYDROCHLOROTHIAZIDE, USP 12.5MG CAP	100	\$ 5.25
16729-0182-01	HYDROCHLOROTHIAZIDE, USP 12.5MG CAP	90	\$ 5.75
16729-0183-01	HYDROCHLOROTHIAZIDE, USP 25MG TAB	100	\$ 3.74
16729-0183-17	HYDROCHLOROTHIAZIDE, USP 25MG TAB	90	\$ 4.02
00472-0343-56	HYDROCORTISONE, USP 1% CREAM MAXIMUM STRENGTH	28GM	\$ 3.47
33261-0520-01	HYDROCORTISONE, USP 2.5% CREAM	28.35GM	\$ 6.48
55111-0682-01	IBUPROFEN, USP 400MG TAB	100	\$ 5.25
53746-0464-05	IBUPROFEN, USP 400MG TAB	90	\$ 7.05
55111-0682-01	IBUPROFEN, USP 600MG TAB	100	\$ 5.75
55111-0682-01	IBUPROFEN, USP 600MG TAB	30	\$ 4.25
55111-0682-01	IBUPROFEN, USP 600MG TAB	60	\$ 5.25
55111-0684-01	IBUPROFEN, USP 800MG TAB	100	\$ 7.55
33261-0062-02	IBUPROFEN, USP 800MG TAB	120	\$ 9.53
55111-0684-01	IBUPROFEN, USP 800MG TAB	30	\$ 5.13
67877-0321-05	IBUPROFEN, USP 800MG TAB	60	\$ 6.70
55111-0684-05	IBUPROFEN, USP 800MG TAB	90	\$ 7.50
00228-2571-11	INDAPAMIDE 2.5MG TAB	100	\$ 21.52
31722-0543-01	INDOMETHACIN, USP 50MG CAP	30	\$ 5.35
00487-0201-03	IPRATROPIUM/ALBUTEROL 0.5MG/3MG AMP	30X3ML	\$ 7.27
00168-0099-15	KETOCONAZOLE 2% CREAM	15GM	\$ 13.85
33342-0200-10	LEVOCETIRIZINE DI 5MG TAB	90	\$ 9.23
53217-0199-10	LEVOFLOXACIN, USP 500MG TAB	10	\$ 4.79
53217-0199-20	LEVOFLOXACIN, USP 500MG TAB	20	\$ 7.12
53217-0199-07	LEVOFLOXACIN, USP 500MG TAB	7	\$ 4.39
00781-5792-50	LEVOFLOXACIN, USP 750MG TAB	10	\$ 5.90
00527-1341-01	LEVOTHYROXINE SOD, USP 0.025MG TAB (25MCG)	100	\$ 37.28
00781-5180-92	LEVOTHYROXINE SOD, USP 0.025MG TAB (25MCG)	90	\$ 22.95
00527-1342-01	LEVOTHYROXINE SOD, USP 0.05MG TAB (50MCG)	100	\$ 30.74
33261-0369-90	LEVOTHYROXINE SOD, USP 0.05MG TAB (50MCG)	90	\$ 26.74
00527-1343-01	LEVOTHYROXINE SOD, USP 0.075MG TAB (75MCG)	100	\$ 35.24
00527-1343-10	LEVOTHYROXINE SOD, USP 0.075MG TAB (75MCG)	90	\$ 35.15
00527-1344-01	LEVOTHYROXINE SOD, USP 0.088MG TAB (88MCG)	100	\$ 35.37
00781-5183-92	LEVOTHYROXINE SOD, USP 0.088MG TAB (88MCG)	90	\$ 35.21
00781-5185-92	LEVOTHYROXINE SOD, USP 0.112MG TAB (112MCG)	90	\$ 40.25
00527-1347-01	LEVOTHYROXINE SOD, USP 0.125MG TAB (125MCG)	90	\$ 39.35
00527-1638-01	LEVOTHYROXINE SOD, USP 0.137MG TAB (137MCG)	100	\$ 43.41
33261-0921-90	LEVOTHYROXINE SOD, USP 0.137MG TAB (137MCG)	90	\$ 44.58
00527-1349-01	LEVOTHYROXINE SOD, USP 0.150MG TAB (150MCG)	100	\$ 46.75

NDC	Med Description	Size	Cost
33261-0866-90	LEVOTHYROXINE SOD, USP 0.150MG TAB (150MCG)	90	\$ 50.56
00378-1817-77	LEVOTHYROXINE SOD, USP 0.175MG TAB (175MCG)	90	\$ 56.69
00527-1345-01	LEVOTHYROXINE SOD, USP 0.1MG TAB (100 MCG)	100	\$ 38.75
33261-0331-30	LEVOTHYROXINE SOD, USP 0.1MG TAB (100 MCG)	30	\$ 14.60
33261-0331-90	LEVOTHYROXINE SOD, USP 0.1MG TAB (100 MCG)	90	\$ 37.31
00781-5189-92	LEVOTHYROXINE SOD, USP 0.2MG TAB (200MCG)	90	\$ 48.85
50383-0933-35	LIDOCAINE 5% OINT	35.44GM	\$ 15.63
42794-0018-02	LIOTHYRONINE SOD, USP 5MCG TAB	100	\$ 40.75
33261-0964-90	LIOTHYRONINE SOD, USP 5MCG TAB	90	\$ 36.48
68180-0514-01	LISINAPRIL, USP 10MG TAB	100	\$ 4.60
53217-0303-30	LISINAPRIL, USP 10MG TAB	30	\$ 3.84
68180-0980-03	LISINAPRIL, USP 10MG TAB	90	\$ 4.60
00603-4209-21	LISINAPRIL, USP 2.5MG TAB	90	\$ 4.40
43547-0354-10	LISINAPRIL, USP 20MG TAB	100	\$ 5.75
43547-0354-11	LISINAPRIL, USP 20MG TAB	90	\$ 4.91
43547-0356-10	LISINAPRIL, USP 40MG TAB	100	\$ 6.65
68180-0517-03	LISINAPRIL, USP 40MG TAB	90	\$ 6.65
68180-0513-01	LISINAPRIL, USP 5MG TAB	100	\$ 4.50
53217-0283-90	LISINAPRIL, USP 5MG TAB	90	\$ 4.52
68180-0518-02	LISINAPRIL/HCTZ, USP 10/12.5MG TAB	90	\$ 5.63
33261-0416-90	LISINAPRIL/HCTZ, USP 20/12.5MG TAB	90	\$ 6.68
68180-0520-02	LISINAPRIL/HCTZ, USP 20/25MG TAB	90	\$ 6.54
45802-0650-78	LORATADINE 10MG TAB	100	\$ 8.05
51660-0526-05	LORATADINE 10MG TAB	90	\$ 8.05
53217-0208-90	LORAZEPAM, USP 1MG TAB	90	\$ 6.32
13668-0115-90	LOSARTAN POT, USP 100MG TAB	90	\$ 6.70
13668-0113-90	LOSARTAN POT, USP 25MG TAB	90	\$ 5.25
13668-0409-90	LOSARTAN POT, USP 50MG TAB	90	\$ 5.35
33261-0904-90	LOSARTAN POT/HCTZ, USP 100/25MG TAB	90	\$ 11.52
45963-0633-04	LOVASTATIN, USP 10MG TAB	90	\$ 7.70
68180-0468-01	LOVASTATIN, USP 20MG TAB	100	\$ 8.60
45963-0634-04	LOVASTATIN, USP 20MG TAB	90	\$ 8.60
68180-0469-01	LOVASTATIN, USP 40MG TAB	90	\$ 7.95
36961-8028-01	MECLIZINE HCL, USP 25MG CHEWABLE TAB	30	\$ 4.65
59746-0121-10	MECLIZINE HCL, USP 25MG TAB	30	\$ 5.88
29300-0125-10	MELOXICAM, USP 15MG TAB	90	\$ 4.75
29300-0125-10	MELOXICAM, USP 15MG TAB	30	\$ 4.00
29300-0125-10	MELOXICAM, USP 15MG TAB	60	\$ 4.30
29300-0124-10	MELOXICAM, USP 7.5MG TAB	60	\$ 4.06
35356-0808-90	MELOXICAM, USP 7.5MG TAB	90	\$ 4.37
29300-0124-10	MELOXICAM, USP 7.5MG TAB	30	\$ 3.75
51224-0107-50	METFORMIN ER 750MG TAB	100	\$ 11.70
00591-2411-01	METFORMIN HCL ER, USP 500MG TAB	100	\$ 6.06
33261-0372-02	METFORMIN HCL ER, USP 500MG TAB	120	\$ 8.21
33261-0372-90	METFORMIN HCL ER, USP 500MG TAB	90	\$ 7.09
65862-0010-01	METFORMIN HCL, USP 1000MG TAB	100	\$ 5.74
65862-0010-99	METFORMIN HCL, USP 1000MG TAB	90	\$ 5.74
65862-0008-01	METFORMIN HCL, USP 500MG TAB	100	\$ 4.65
65862-0008-05	METFORMIN HCL, USP 500MG TAB	90	\$ 4.65
65862-0009-01	METFORMIN HCL, USP 850MG TAB	100	\$ 5.60
65862-0009-05	METFORMIN HCL, USP 850MG TAB	90	\$ 5.60
31722-0533-01	METHOCARBAMOL, USP 500MG TAB	30	\$ 4.65
33261-0072-30	METHOCARBAMOL, USP 750MG TAB	30	\$ 5.06
59746-0001-03	METHYLPREDNISOLONE, USP 4MG	21	\$ 6.35
00093-2203-01	METOCLOPRAMIDE 10MG TAB	90	\$ 10.17
55111-0468-01	METOPROLOL SUCC ER, USP 100MG TAB	90	\$ 29.75
55111-0466-05	METOPROLOL SUCC ER, USP 25MG TAB	90	\$ 17.75
55111-0467-05	METOPROLOL SUCC ER, USP 50MG TAB	90	\$ 18.55
42543-0003-01	METOPROLOL TARTRATE, USP 100MG TAB	100	\$ 6.75
65862-0064-99	METOPROLOL TARTRATE, USP 100MG TAB	90	\$ 6.10


NDC	Med Description	Size	Cost
57664-0506-52	METOPROLOL TARTRATE, USP 25MG TAB	100	\$ 5.07
33261-0334-90	METOPROLOL TARTRATE, USP 25MG TAB	90	\$ 5.27
57664-0477-52	METOPROLOL TARTRATE, USP 50MG TAB	100	\$ 5.35
57664-0166-58	METOPROLOL TARTRATE, USP 50MG TAB	90	\$ 5.35
29300-0227-05	METRONIDAZOLE, USP 500MG TAB	14	\$ 5.29
29300-0227-05	METRONIDAZOLE, USP 500MG TAB	20	\$ 5.69
29300-0227-05	METRONIDAZOLE, USP 500MG TAB	30	\$ 6.09
69452-0106-13	MONTELUKAST 4MG CHEWTAB	30	\$ 5.25
69452-0107-13	MONTELUKAST 5MG CHEWTAB	30	\$ 5.30
69452-0105-19	MONTELUKAST SODIUM, USP 10MG TAB	90	\$ 6.75
45802-0112-22	MUPIROCIN, USP 2% OINTMENT	22GM	\$ 6.49
65162-0190-10	NAPROXEN, USP 500MG TAB	100	\$ 10.55
65162-0190-50	NAPROXEN, USP 500MG TAB	20	\$ 5.05
65162-0190-50	NAPROXEN, USP 500MG TAB	30	\$ 5.75
65162-0190-50	NAPROXEN, USP 500MG TAB	90	\$ 10.55
53217-0105-01	NEO/POLY B SULF/DEX, USP OPHTH OINT 3.5GM	5ML	\$ 21.52
53217-0124-01	NEO/POLY B SULF/HC, USP 10.000U OTIC SUSP	10ML	\$ 56.26
61314-0645-11	NEO/POLY/HC OTIC SOL (CORTISPORIN)	10ML	\$ 48.80
33261-0971-00	NIACIN 500MG CAP FLUSH FREE	100	\$ 11.52
24979-0011-01	NIFEDIPINE ER 30MG TAB	100	\$ 20.08
47781-0303-01	NITRO MONO/MACRO 100MG CAP	14	\$ 13.35
47781-0308-01	NITROFURANTOIN MACROCRYSTALS 100MG CAP	14	\$ 13.15
33261-0120-01	NORGESTIMATE/ETHINYL ESTRADIOL, USP	28	\$ 10.23
17478-0713-10	OFLOXACIN, USP 0.3% OPHTH SOLN	5ML	\$ 13.65
55111-0158-01	OMEPRAZOLE DR, USP 20MG CAP	100	\$ 6.40
55111-0158-10	OMEPRAZOLE DR, USP 20MG CAP	90	\$ 5.88
55111-0645-30	OMEPRAZOLE DR, USP 40MG CAP	90	\$ 9.25
00781-5238-64	ONDANSETRON ODT, USP 4MG TAB	10	\$ 6.68
00781-5239-80	ONDANSETRON ODT, USP 8MG TAB	10	\$ 6.70
63304-0458-30	ONDANSETRON, USP 4MG TAB	30	\$ 6.36
63304-0459-30	ONDANSETRON, USP 8MG TAB	10	\$ 4.73
33261-0088-30	ORPHENADRINE CITRATE E-R 100MG TAB	30	\$ 9.64
47781-0470-13	OSELTAMIVIR 75MG CAP	1X10	\$ 66.75
43547-0347-09	PAROXETINE, USP 10MG TAB	90	\$ 8.77
43547-0348-09	PAROXETINE, USP 20MG TAB	90	\$ 9.75
53217-0290-30	PENICILLIN V POT, USP 500MG TAB	30	\$ 7.35
53217-0178-15	PHENAZOPYRIDINE HCL, USP 100MG TAB	15	\$ 12.46
53217-0174-15	PHENAZOPYRIDINE HCL, USP 200MG TAB	15	\$ 14.75
53217-0174-09	PHENAZOPYRIDINE HCL, USP 200MG TAB	9	\$ 10.54
10702-0025-01	PHTERMINE 37.5MG TAB	7	\$ 4.25
00781-1526-01	POTASSIUM CHLR, USP 10MEQ ER TAB	100	\$ 22.66
33261-0215-90	POTASSIUM CHLR, USP 10MEQ ER TAB	90	\$ 22.96
62037-0999-01	POTASSIUM CHLR, USP 20MEQ ER TAB	100	\$ 24.67
33261-0376-30	POTASSIUM CHLR, USP 20MEQ ER TAB	30	\$ 10.98
33261-0376-90	POTASSIUM CHLR, USP 20MEQ ER TAB	90	\$ 31.25
60505-0168-09	PRAVASTATIN SODIUM, USP 10MG TAB	90	\$ 6.72
60505-0169-09	PRAVASTATIN SODIUM, USP 20MG TAB	90	\$ 8.16
60505-0170-09	PRAVASTATIN SODIUM, USP 40MG TAB	90	\$ 11.04
33261-0953-90	PRAVASTATIN SODIUM, USP 80MG TAB	90	\$ 26.20
00603-1567-56	PREDNISOLONE ORAL SOLUTION, USP 15MG/5ML	240ML	\$ 16.05
59746-0173-10	PREDNISONE, USP 10MG TAB	21	\$ 5.38
59746-0175-09	PREDNISONE, USP 20MG TAB	15	\$ 5.20
59746-0172-10	PREDNISONE, USP 5MG TAB	21	\$ 5.38
59310-0579-22	PROAIR HFA 6.5G INHALATION KIT 108MCG/90MCG	1	\$ 69.59
33261-0606-01	PROMETHAZINE 6.25MG/5ML SYRUP	118ML	\$ 6.70
33261-0131-12	PROMETHAZINE HCL, USP 25MG TAB	12	\$ 4.57
33261-0131-30	PROMETHAZINE HCL, USP 25MG TAB	30	\$ 4.05
13668-0107-90	RABEPRAZOLE SODIUM DR 20MG TAB	90	\$ 29.24
68462-0248-01	RANITIDINE, USP 150MG TAB	100	\$ 6.15
49999-0043-90	RANITIDINE, USP 150MG TAB	90	\$ 6.15

NDC	Med Description	Size	Cost
68462-0249-01	RANITIDINE, USP 300MG TAB	100	\$ 12.65
68462-0249-30	RANITIDINE, USP 300MG TAB	90	\$ 12.65
57237-0169-90	ROSUVASTATIN CALCIUM 10MG TAB	90	\$ 10.70
33261-0346-30	SERTRALINE HCL, USP 100MG TAB	30	\$ 5.44
65862-0013-05	SERTRALINE HCL, USP 100MG TAB	90	\$ 7.25
68180-0351-09	SERTRALINE, USP 25MG TAB	90	\$ 6.15
65862-0012-05	SERTRALINE, USP 50MG TAB	90	\$ 5.55
68180-0478-02	SIMVASTATIN, USP 10MG TAB	90	\$ 4.39
68180-0479-02	SIMVASTATIN, USP 20MG TAB	90	\$ 5.01
68180-0464-09	SIMVASTATIN, USP 40MG TAB	90	\$ 5.74
53746-0272-05	SMZ/TMP DS, USP 800/160MG TAB	20	\$ 5.00
53217-0240-90	SPIRONOLACTONE, USP 25MG TAB	90	\$ 9.22
53217-0091-28	SPRINTEC, USP 0.250/0.035MG TAB	28	\$ 11.51
62756-0520-88	SUMATRIPTAN, USP 25MG TAB	30	\$ 25.00
55111-0292-09	SUMATRIPTAN, USP 50MG TAB	9	\$ 6.74
57237-0014-01	TAMSULOSIN HCL, USP 0.4MG CAP	100	\$ 10.65
57237-0014-01	TAMSULOSIN HCL, USP 0.4MG CAP	90	\$ 10.65
51672-2080-01	TERBINAFINE HCL 1% CREAM	15GM	\$ 9.44
51672-2080-02	TERBINAFINE HCL 1% CREAM	30GM	\$ 10.25
67405-0500-10	TERBINAFINE, USP 250MG TAB	100	\$ 18.65
65862-0079-30	TERBINAFINE, USP 250MG TAB	30	\$ 5.74
29300-0169-10	TIZANIDINE, USP 4MG TAB	30	\$ 5.38
53217-0211-90	TIZANIDINE, USP 4MG TAB	90	\$ 11.34
70069-0131-01	TOBRAMYCIN, USP 0.3% OPHTH SOLN	5ML	\$ 9.43
69543-0136-11	TRAMADOL HCL, USP 50MG TAB CIV	90	\$ 4.85
50111-0434-01	TRAZODONE HCL, USP 100MG TAB	100	\$ 9.75
60505-2654-01	TRAZODONE HCL, USP 100MG TAB	90	\$ 9.75
50111-0433-02	TRAZODONE HCL, USP 50MG TAB	90	\$ 7.85
67877-0251-15	TRIAMCINOLONE ACETONIDE, USP 0.1% CREAM	15GM	\$ 5.03
00591-0348-01	TRIAMTERENE/HCTZ 75MG/50MG TAB	100	\$ 13.05
33261-0108-60	TRIAZOLAM, USP 0.25MG TAB	60	\$ 99.02
60758-0908-10	TRIMETH/SULF/POLY SOL (POLYTRIM)	10ML	\$ 8.13
59746-0324-30	VALACYCLOVIR, USP 500MG TAB	30	\$ 11.32
57237-0042-90	VALACYCLOVIR, USP 500MG TAB	90	\$ 29.05
43547-0370-09	VALSARTAN 320MG TAB	90	\$ 11.97
68180-0104-09	VALSARTAN/HCTZ 160/12.5 TAB	30	\$ 9.35
00093-7384-98	VENLAFAXINE HCL ER, USP 37.5MG CAP	90	\$ 12.25
13668-0019-90	VENLAFAXINE HCL ER, USP 75MG CAP	90	\$ 11.66
00173-0682-20	VENTOLIN HFA 90MCG INHAL	18GM	\$ 63.17
57664-0116-88	VERAPAMIL 120MG TAB ER	100	\$ 19.44
68462-0260-01	VERAPAMIL 240MG TAB ER	100	\$ 13.67
53217-0287-08	VITAMIN D 50,000IU SOFTGEL, USP (1.25mg) CAP	8	\$ 4.46

11. How will your firm assure that the pass-through pricing (costs for pharmacy, labs) is the most competitive?

TCMAi is continuously reaching out to vendors for product and service pricing to ensure lowest cost and best quality. In addition, TCMAi frequently attends seminars and conferences regarding Employee Health and Occupational Healthcare Services to stay up to date on the latest products and services.

12. Provide a copy of a sample invoice and backup.

		
Invoice No: 3665		In account with: City of Port St. Lucie
For: April 2019 Expenses for PSL Health Clinic		
Invoice Date	Invoice Terms	Billing Contact
5/15/2019	Net 30 days	Aurora Grad 772-692-8082 agnad@tcmahealthcare.com
ITEM		AMOUNT
Wages & MedMal for Providers		\$45,080.04
Benefits		\$2,045.35
Workers Comp Insurance		\$184.69
FICA/Unemployment Insurance		\$3,190.24
Medical Supplies		\$4,592.21
Pharmacy Stock		\$14,112.34
Outside Lab Fees		\$4,380.73
Imaging & Equipment Support		\$306.00
Medical Waste Removal		\$60.00
HRA Fees		\$161.00
OFFICE Supplies		\$428.85
Answering Service		\$85.87
Radiation Machine Registration		\$0.00
CERTIFICATES/LICENSES		\$0.00
Credit/Debit		\$0.00
Balance Due:		\$74,627.32
ADDRESS	FAX	WEB
3406 NW Federal Hwy Jensen Beach, FL 34867	(772) 232-9211	www.tcmahealthcare.com

City of Port St. Lucie
WAGES & MED. MAL. April 2019

Employee	04/12/2019 Payroll	04/26/2019 Payroll	Monthly Total
	\$1,220.70	\$1,550.76	\$2,771.46
	\$568.99	\$202.35	\$771.34
	\$1,339.89	\$1,621.42	\$2,961.31
	\$9,168.21	\$8,985.24	\$18,153.45
	\$907.53	\$1,095.15	\$2,002.68
	\$4,839.56	\$5,029.28	\$9,868.84
	\$3,977.53	\$3,147.89	\$7,125.42
TOTAL	\$22,022.41	\$21,632.09	\$43,654.50

Med. Mal. Insurance	\$1,425.54
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GRAND TOTAL	\$45,080.04
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Payroll Summary

Check Date	Name	Hours	Total Paid	Tax Withheld	Deductions	Net Pay	Check No	Employer Liability	Total Expense
Pay Frequency: Biweekly									
Department: 500 - Payroll									
04/12/2019		63.02	1,220.70	156.71	61.03	1,002.96	DD	142.20	1,362.90
04/12/2019		40.07	568.99	86.81	0.00	482.18	DD	47.51	616.50
04/12/2019		72.27	1,339.89	197.90	13.39	1,128.60	DD	115.89	1,455.78
04/12/2019		68.65	9,168.21	1,717.42	2,032.48	5,418.31	DD	1,003.78	10,171.99
04/12/2019		48.95	907.53	152.24	9.07	746.22	DD	78.50	986.03
04/12/2019		71.17	4,839.56	930.34	170.74	3,738.48	DD	357.17	5,196.73
04/12/2019		58.97	3,977.53	626.28	715.95	2,635.30	DD	463.37	4,440.90
Department Totals: 500 - Payroll		423.10	\$22,022.41	\$3,867.70	\$3,002.66	\$15,152.05		\$2,208.42	\$24,230.83
Total Net Pays for 500 - Payroll: 7									
Pay Frequency Totals: Biweekly		423.10	\$22,022.41	\$3,867.70	\$3,002.66	\$15,152.05		\$2,208.42	\$24,230.83
Total Net Pays for Biweekly frequency: 7									
Company Totals:		423.10	\$22,022.41	\$3,867.70	\$3,002.66	\$15,152.05		\$2,208.42	\$24,230.83
Total Net Pays for Company: 7									

Payroll Summary

Check Date	Name	Hours	Total Paid	Tax Withheld	Deductions	Net Pay	Check No	Employer Liability	Total Expense
Pay Frequency: Biweekly									
Department: 500 - Payroll									
04/26/2019		75.25	1,550.76	221.58	77.53	1,251.65	DD	180.66	1,731.42
04/26/2019		14.25	202.35	21.11	0.00	181.24	DD	16.89	219.24
04/26/2019		84.97	1,621.42	252.90	16.21	1,352.31	DD	140.25	1,761.67
04/26/2019		67.28	8,985.24	1,668.40	2,008.70	5,308.14	DD	982.47	9,967.71
04/26/2019		57.87	1,095.15	188.88	10.95	895.32	DD	94.73	1,189.88
04/26/2019		73.40	5,029.28	1,162.29	170.74	3,696.25	DD	371.68	5,400.96
04/26/2019		46.67	3,147.89	481.19	566.62	2,100.08	DD	366.71	3,514.60
Department Totals: 500 - Payroll		419.69	\$21,632.09	\$3,996.35	\$2,850.75	\$14,784.99		\$2,153.39	\$23,785.48
Total Net Pays for 500 - Payroll: 7									
Pay Frequency Totals: Biweekly		419.69	\$21,632.09	\$3,996.35	\$2,850.75	\$14,784.99		\$2,153.39	\$23,785.48
Total Net Pays for Biweekly frequency: 7									
Company Totals:		419.69	\$21,632.09	\$3,996.35	\$2,850.75	\$14,784.99		\$2,153.39	\$23,785.48
Total Net Pays for Company: 7									

April-19		Providers	Hours Worked	Hour Rate		Wages Before MedMal		MedMal This Provider		"Wages" Including MedMal	Effective Hourly Rate w/MedMal
Year of MedMal:	\$17,106.45		80	\$133.55		\$10,684.00		\$1,372.00		\$12,056.00	\$150.70
per month	\$1,425.54		70	\$67.45		\$4,721.50		\$433.30		\$5,154.80	\$73.64
Hours by MDs:	80		70	\$68.00		\$4,760.00		\$433.30		\$5,193.30	\$74.19
					Total:	\$20,165.50	Total:	\$2,238.60	Total:	\$22,404.10	\$320.06
MD MedMal per hour:	\$17.15										
ARNP MedMal per hour:	\$6.19										

The City of Port St. Lucie
BENEFITS April 2019

Benefit Totals \$1,813.25
Administrative costs \$232.10

Total: **\$2,045.35**

	4/12/2019	4/26/2019	Totals
Invoice	\$116.05	\$116.05	\$232.10
401K	\$597.09	\$574.48	\$1,171.57
Medical	\$320.84	\$320.84	\$641.68
Totals	\$1,033.98	\$1,011.37	\$2,045.35



ADP, LLC
 1851 N RESLER DRIVE MS-600
 EL PASO TX 79912

ADVICE OF DEBIT

Client Name : PSL MEDICAL PROVIDER INC
Client Number : 1614854
Advice of Debit Number : 533438352
Advice of Debit Date : 04/12/2019
Advice of Debit Due Date : 04/19/2019
Total Debited This Invoice : \$116.05

Inquiries

For Billing inquiries, please contact your client service rep at (866)873-0386.

HEATHER MCCALLISTER
 PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY
 JENSEN BEACH, FL 34957-4403

CURRENT CHARGES

RUN	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 1778-2R-W3T IID 24168647					
Processing Charges for Period Ending Date: 04/06/2019 Check Date: 04/12/2019					
ADP Enhanced Payroll Payroll Features Include: Multiple Employee Pay Options Tax Filing New Hire Reporting Electronic Reports Employee Access RUN Powered by ADP mobile payroll General Ledger Interface Garnishment Payment Service Unemployment Claims Service (SUI) Poster Compliance Update Service 24x7 Live Support	7			\$101.05	
Pay-by-Pay Workers' Compensation	1	\$15.00 each		\$15.00	

TOTAL CHARGES FOR COMPANY CODE: 1778-2R-W3T \$116.05

Total Debited \$116.05

WE APPRECIATE YOUR BUSINESS! - NO PAYMENT REQUIRED.

This amount will be processed for debit from your account # XXXX8166 on 04/19/2019 or the next banking day. Please confirm the debit was completed with your banking institution to ensure the invoice is paid in full.



ADVICE OF DEBIT

ADP, LLC
 1851 N RESLER DRIVE MS-600
 EL PASO TX 79912

Client Name : PSL MEDICAL PROVIDER INC
Client Number : 1614854
Advice of Debit Number : 534319967
Advice of Debit Date : 04/26/2019
Advice of Debit Due Date : 05/03/2019
Total Debited This Invoice : \$116.05

i Inquiries

For Billing inquiries, please contact your client service rep at (866)873-0386.

HEATHER MCCALLISTER
 PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY
 JENSEN BEACH, FL 34957-4403

CURRENT CHARGES

RUN	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 1778-2R-W3T IID 24168647					
Processing Charges for Period Ending Date: 04/20/2019 Check Date: 04/26/2019					
ADP Enhanced Payroll Payroll Features Include: Multiple Employee Pay Options Tax Filing New Hire Reporting Electronic Reports Employee Access RUN Powered by ADP mobile payroll General Ledger Interface Garnishment Payment Service Unemployment Claims Service (SUI) Poster Compliance Update Service 24x7 Live Support	7			\$101.05	
Pay-by-Pay Workers' Compensation	1	\$15.00 each		\$15.00	

TOTAL CHARGES FOR COMPANY CODE: 1778-2R-W3T \$116.05

Total Debited \$116.05

WE APPRECIATE YOUR BUSINESS! - NO PAYMENT REQUIRED.

This amount will be processed for debit from your account # XXXX6166 on 05/03/2019 or the next banking day. Please confirm the debit was completed with your banking institution to ensure the invoice is paid in full.

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Pay Frequency: Biweekly										
Department: 500 - Payroll										
Employee:				SSN: xxx-xx-7788						
Regular	63.02	19.3700	1,220.70	FED FIT	63.33	ADP RS	61.03	1,002.96	FED SOCSEC-ER	75.68
	63.02		1,220.70	FED SOCSEC	75.68	employee Roth			FED MEDCARE-ER	17.70
				FED	17.70	401(k) %			ADP RS employer	48.82
				MEDCARE			61.03		match	
					156.71					142.20
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXX1806 \$1,002.96										
Employee:				SSN: xxx-xx-4076						
Regular	40.07	14.2000	568.99	FED FIT	43.28			482.18	FED SOCSEC-ER	35.28
	40.07		568.99	FED SOCSEC	35.28				FED MEDCARE-ER	8.25
				FED	8.25				FED FUTA	3.41
				MEDCARE					FL SUI-ER	0.57
					86.81					47.51
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX8383 \$482.18										
Employee:				SSN: xxx-xx-3480						
Regular	72.27	18.5400	1,339.89	FED FIT	95.41	ADP RS	13.39	1,128.60	FED SOCSEC-ER	83.07
	72.27		1,339.89	FED SOCSEC	83.07	employee			FED MEDCARE-ER	19.43
				FED	19.42	before-tax %			ADP RS employer	13.39
				MEDCARE			13.39		match	
					197.90					115.89
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXXX1197 \$1,128.60										
Employee:				SSN: xxx-xx-8833						
Regular	68.65	133.5500	9,168.21	FED FIT	1,080.36	ADP RS	1,191.86	5,418.31	FED SOCSEC-ER	516.31
	68.65		9,168.21	FED SOCSEC	516.31	employee			FED MEDCARE-ER	120.75
				FED	120.75	before-tax %			ADP RS employer	366.72
				MEDCARE		MED125	840.62		match	
					1,717.42		2,032.48			1,003.78
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX2706 \$5,418.31										
Employee:				SSN: xxx-xx-8172						
Regular	48.95	18.5400	907.53	FED FIT	82.82	ADP RS	9.07	746.22	FED SOCSEC-ER	56.27
	48.95		907.53	FED SOCSEC	56.26	employee			FED MEDCARE-ER	13.16
				FED	13.16	before-tax %			ADP RS employer	9.07
				MEDCARE			9.07		match	
					152.24					78.50
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXXX0622 \$746.22										
Employee:				SSN: xxx-xx-8814						
Regular	71.17	68.0000	4,839.56	FED FIT	573.18	MED125	160.42	3,738.48	FED SOCSEC-ER	289.47
	71.17		4,839.56	FED SOCSEC	289.46	Dental pre-tax	7.52		FED MEDCARE-ER	67.70
				FED	67.70	Vision	2.80			357.17
				MEDCARE			170.74			

Company: PSL Medical Provider Inc
 Check date: 4/12/2019 - Payroll 1
 Pay Period: 03/24/2019 to: 04/06/2019

1 of 2
 Run Number: 0041

Date Printed: 05/07/2019 15:28
 24168647 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
930.34										
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXX7635 \$3,738.48										
Employee:				SSN: xxx-xx-6682						
Regular	58.97	67.4500	3,977.53	FED FIT	322.01	ADP RO	716.95	2,635.30	FED SOCSEC-ER	246.61
	58.97		3,977.53	FED SOCSEC	246.60	employee			FED MEDCARE-ER	57.67
				FED	57.67	before-tax %			ADP RO employer	159.09
				MEDCARE			716.95		match	
					626.28					463.37
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX4006 \$2,635.30										
Department Totals: 600 - Payroll										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL GUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			
						Dental pre-tax	\$7.52			\$2,208.42
						Vision	\$2.80			
							\$3,002.66			
Total Employees - 600 - Payroll: 7										
Pay Frequency Totals: Biweekly										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL GUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			\$2,208.42
						Dental pre-tax	\$7.52			
						Vision	\$2.80			
							\$3,002.66			
Total Employees - Biweekly: 7										
Company Totals:										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL GUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			\$2,208.42
						Dental pre-tax	\$7.52			
						Vision	\$2.80			
							\$3,002.66			
Total Employees - Company: 7										

Company: PSL Medical Provider Inc
 Check date: 4/12/2019 - Payroll 1
 Pay Period: 03/24/2019 to: 04/06/2019

2 of 2
 Run Number: 0041

Date Printed: 05/07/2019 15:28
 24168647 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Pay Frequency: Biweekly										
Department: 600 - Payroll										
Employee:				SSN: xxx-xx-7788						
Regular	65.63	19.3700	1,271.25	FED FIT	102.94	ADP RG	77.53	1,251.65	FED SOCSEC-ER	96.15
Overtime	9.62	29.0550	279.51	FED SOCSEC	96.15	employee Roth			FED MEDCARE-ER	22.49
				FED	23.49	401(k) %			ADP RG employer	62.02
			1,550.76	MEDCARE					match	
							77.53			
										221.58
										180.66
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXX1806 \$1,251.65										
Employee:				SSN: xxx-xx-4076						
Regular	14.25	14.2000	202.35	FED FIT	5.62			181.24	FED SOCSEC-ER	12.55
	14.25		202.35	FED SOCSEC	12.55				FED MEDCARE-ER	2.93
				FED	2.94				FED FUTA	1.21
				MEDCARE					FL SUI-ER	0.20
										21.11
										16.89
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXX8383 \$181.24										
Employee:				SSN: xxx-xx-3480						
Regular	80.00	18.5400	1,483.20	FED FIT	128.86	ADP RG	16.21	1,352.31	FED SOCSEC-ER	100.53
Overtime	4.97	27.8100	138.22	FED SOCSEC	100.53	employee			FED MEDCARE-ER	23.51
				FED	23.51	before-tax %			ADP RG employer	16.21
			1,621.42	MEDCARE					match	
							16.21			
										252.90
										140.25
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXX1197 \$1,352.31										
Employee:				SSN: xxx-xx-8833						
Regular	67.28	133.5500	8,985.24	FED FIT	1,045.34	ADP RG	1,168.08	5,308.14	FED SOCSEC-ER	504.97
	67.28		8,985.24	FED SOCSEC	504.97	employee			FED MEDCARE-ER	118.10
				FED	118.09	before-tax %			ADP RG employer	359.40
				MEDCARE		MED125	840.62		match	
							2,008.70			982.47
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXX2706 \$5,308.14										
Employee:				SSN: xxx-xx-8172						
Regular	55.47	18.5400	1,028.41	FED FIT	105.10	ADP RG	10.95	895.32	FED SOCSEC-ER	67.90
Overtime	2.40	27.8100	66.74	FED SOCSEC	67.90	employee			FED MEDCARE-ER	15.88
				FED	15.88	before-tax %			ADP RG employer	10.95
			1,095.15	MEDCARE					match	
							10.95			188.88
										94.73
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXX0622 \$895.32										
Employee:				SSN: xxx-xx-8614						
Regular	62.28	68.0000	4,235.04	FED FIT	790.61	MED125	160.42	3,696.25	FED SOCSEC-ER	301.23
Overtime	1.12	102.0000	114.24	FED SOCSEC	301.23	Dental pre-tax	7.52		FED MEDCARE-ER	70.45
PTO	10.00	68.0000	680.00	FED	70.45	Vision	2.80			371.68
			5,029.28	MEDCARE			170.74			

Company: PSL Medical Provider Inc
 Check date: 4/26/2019 - Payroll 1
 Pay Period: 04/07/2019 to: 04/20/2019

1 of 2
 Run Number: 0042

Date Printed: 05/07/2019 15:31
 24168847 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer				
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount		
1,162.29												
Check Date: 04/29/2019 / Direct Deposit / Checking / Account No: XXXXX7635 \$3,696.25												
Employee:				SSN: xxx-xx-6682								
Regular	46.67	\$7.4500	3,147.89	FED FIT	240.37	ADP RS	566.62	2,100.08	FED SOCSEC-ER	195.17		
	46.67		3,147.89	FED SOCSEC	195.17	employee			FED MEDCARE-ER	45.64		
				FED	45.66	before-tax %			ADP RS employer	125.90		
				MEDCARE			566.62		match			
					481.19					366.71		
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXX4006 \$2,100.08												
Department Totals: 600 - Payroll												
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RS	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50		
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00		
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21		
	419.69		\$21,632.09	MEDCARE		ADP RS	\$77.53		FL SUI-ER	\$0.20		
					\$3,996.35	employee Roth			ADP RS employer	\$574.48		
						401(k) %			match			
						MED125	\$1,001.04			\$2,153.39		
						Dental pre-tax	\$7.52					
						Vision	\$2.80					
							\$2,850.75					
Total Employees - 600 - Payroll: 7												
Pay Frequency Totals: Biweekly												
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RS	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50		
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00		
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21		
	419.69		\$21,632.09	MEDCARE		ADP RS	\$77.53		FL SUI-ER	\$0.20		
					\$3,996.35	employee Roth			ADP RS employer	\$574.48		
						401(k) %			match			
						MED125	\$1,001.04			\$2,153.39		
						Dental pre-tax	\$7.52					
						Vision	\$2.80					
							\$2,850.75					
Total Employees - Biweekly: 7												
Company Totals:												
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RS	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50		
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00		
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21		
	419.69		\$21,632.09	MEDCARE		ADP RS	\$77.53		FL SUI-ER	\$0.20		
					\$3,996.35	employee Roth			ADP RS employer	\$574.48		
						401(k) %			match			
						MED125	\$1,001.04			\$2,153.39		
						Dental pre-tax	\$7.52					
						Vision	\$2.80					
							\$2,850.75					
Total Employees - Company: 7												

Company: PSL Medical Provider Inc
 Check date: 4/26/2019 - Payroll 1
 Pay Period: 04/07/2019 to: 04/20/2019

2 of 2
 Run Number: 0042

Date Printed: 05/07/2019 15:31
 24168647 - K1/W3T



**Health and Benefits
Employee Enrollment & Deduction Summary**

Client Name:	FSL MEDICAL PROVIDER INC	BIS Client ID:	4686318
Branch/Client:	0440-T162	Check Date:	04/12/2019

Emp #	Employee Name Plan Code	Description	Hire Date	Gender	Class - Description Coverage Level	Monthly Premium	Employer Per Pay	Employee Contribution	Employee Per Pay
			12/01/13	F	1 - EMPLOYEES				
29240	BCFL Medical Lower Cost Plan 3000				Family	1,001.07	160.42	840.65	840.65
			11/15/18	F	1 - Employee	641.69	160.42	1,604.2	160.42
29135	BCFL Medical Lower Cost Plan 3000								
**** SUBPLAN TOTALS									
29135	BCFL Medical Lower Cost Plan 3000					1,643.76	320.84	1,001.04	1,001.04
29240	BCFL Medical Lower Cost Plan 3000								
**** CLIENT TOTALS						1,643.76	320.84	1,001.04	1,001.04

[0440-T162 FSL MEDICAL PROVIDER INC]
 * Rates are subject to formal approval by the Department of
 Insurance on Print Date: 04/12/2019



**Health and Benefits
Employee Enrollment & Deduction Summary**

Client Name:	PSL MEDICAL PROVIDER INC	BIS Client ID:	4606318
Branch/Client:	0440-T162	Check Date:	04/26/2019

Emp #	Employee Name Plan Code	Description	Hire Date	Gender	Class - Description Coverage Level	Monthly Premium	Employer Per Pay	Employee Contribution	Employee Per Pay
	29240	BCFL Medical Lower Cost Plan 3000	12/01/13	F	1 - EMPLOYERS Healthy	2,002.07	160.42	840.62	840.62
	29133	BCFL Medical Lower Cost Plan 3000	11/13/18	F	1 - Employees	641.69	160.42	160.42	160.42
**** SUBPLAN TOTALS									
	29133	BCFL Medical Lower Cost Plan 3000							
	29240	BCFL Medical Lower Cost Plan 3000				2,643.76	320.84	1,001.04	1,001.04
**** CLIENT TOTALS						2,643.76	320.84	1,001.04	1,001.04

[0440-T162 PSL MEDICAL PROVIDER INC]
 * Rates are subject to formal approval by the Department of
 Insurance Print Date: 04/26/2019

**The City of Port St. Lucie
INSURANCES APRIL 2019**

The Ostrom Group/AmTrust (Workers Comp)

WORKERS COMP

CK DATES:	AMOUNT
04/12/19	\$93.50
04/26/19	\$91.19

TOTAL \$184.69

Note: Ostrom Group is the Agent for W.C. Insurance. The payments are made by TCMA directly to the Carrier which is AmTrust. Refer to letter provided in Sept. 2016 Invoice # 3117.

Policy Number: **TWC3748837**

Insurance Carrier: **Amtrust Technology Insurance**

Policy Period: **09/14/2018 - 09/14/2019**

EMPLOYEE DETAIL

Employee Information			Current Payroll Wage Information					Current Payroll Rate and Premium		Policy YTD Information		
Department	Employee Name/ Adjustment Description	Status	Regular Wages	Overtime Wages	Total Wages	Excluded Overtime Wages	Excluded Other**	Subject Wages	Rate	Premium	Policy YTD Subject Wages	Policy YTD Premium
Florida - 8832												
500			1,364.42	186.34	1,550.76	93.17	0.00	1,457.59	0.39 %	5.68	18,155.12	70.78
500			202.35	0.00	202.35	0.00	0.00	202.35	0.39 %	0.79	5,229.41	20.40
500			1,529.28	92.14	1,621.42	46.08	0.00	1,575.34	0.39 %	6.14	12,119.61	47.27
500			8,985.24	0.00	8,985.24	0.00	0.00	8,985.24	0.39 %	35.04	107,374.19	418.74
500			1,050.65	44.50	1,095.15	22.24	0.00	1,072.91	0.39 %	4.18	12,810.59	49.94
500			4,953.12	76.16	5,029.28	38.08	0.00	4,991.20	0.39 %	19.47	48,524.80	189.24
500		T	3,147.89	0.00	3,147.89	0.00	0.00	3,147.89	0.39 %	12.28	53,131.72	207.23
500		T									10,328.52	40.28
500		T									171.08	0.67
500		T									271.31	1.06
500		T									304.96	1.18
500		T									7,470.04	29.13
500		T									5,576.00	21.75
500		T									0.00	344.39
	Catch-Up Premium											
Total: Florida 8832			21,232.95	399.14	21,632.09	199.57	0.00	21,432.52	0.39 %	83.58	281,467.35	1,442.06
Employee Premium Total:			21,232.95	399.14	21,632.09	199.57	0.00	21,432.52		83.58	281,467.35	1,442.06

OTHER CHARGES

Description	Subject Wages	Amount	Policy YTD Subject Wages	Policy YTD Amount
Owner/Officer Minimum Premium with Payroll: FL/8832	1,950.00	7.61	27,300.00	106.54
Other Charges Total:	1,950.00	7.61	27,300.00	106.54
Total Charges This Payroll:	21,232.95	399.14	21,632.09	199.57
				0.00
				23,382.52
				91.19
			308,767.35	1,548.60

Legend: (*) owner or officer, (T) Terminated, (L) Leave of Absence, (D) Deceased. Blank Indicates an active employee.

Client: K1/W3T

PSL Medical Provider Inc

Period Covered: **04/07/2019 - 04/20/2019** Run: 9

Check Date: **04/26/2019** Week: 17

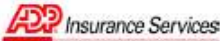
Pay-by-Pay® Premium Report

City of Port St. Lucie	
FICA/Unemp Ins April 2019	
FICA (OASDI & MEDICARE)	\$3,184.85
Unemployment Ins	\$5.39
Total:	\$3,190.24

City of Port St. Lucie	
FICA/Unemp Ins April 2019	
FICA (OASDI & MEDICARE)	\$3,184.85
Unemployment Ins	\$5.39
Total:	\$3,190.24

FICA (OASDI & MEDICARE)		
Check Date		Amount
04/12/19	OASDI	\$1,302.69
04/12/19	MEDICARE	\$304.66
04/12/19	FUI	\$3.41
04/12/19	SUI	\$0.57
04/26/19	OASDI	\$1,278.50
04/26/19	MEDICARE	\$299.00
04/26/19	FUI	\$1.21
04/26/19	SUI	\$0.20
Totals:		\$3,190.24

FICA (OASDI & MEDICARE)		
Check Date		Amount
04/12/19	OASDI	\$1,302.69
04/12/19	MEDICARE	\$304.66
04/12/19	FUI	\$3.41
04/12/19	SUI	\$0.57
04/26/19	OASDI	\$1,278.50
04/26/19	MEDICARE	\$299.00
04/26/19	FUI	\$1.21
04/26/19	SUI	\$0.20
Totals:		\$3,190.24



Policy Number: TWC3748837

Insurance Carrier: Amtrust Technology Insurance

Policy Period: 09/14/2018 - 09/14/2019

EMPLOYEE DETAIL

Employee Information			Current Payroll Wage Information					Current Payroll Rate and Premium		Policy YTD Information		
Department	Employee Name/ Adjustment Description	SP Status	Regular Wages	Overtime Wages	Total Wages	Excluded Overtime Wages	Excluded Other--	Subject Wages	Rate	Premium	Policy YTD Subject Wages	Policy YTD Premium
Florida - 8832												
500			1,220.70	0.00	1,220.70	0.00	0.00	1,220.70	0.39 %	4.76	16,697.53	65.10
500			568.99	0.00	568.99	0.00	0.00	568.99	0.39 %	2.22	5,027.06	19.61
500			1,339.89	0.00	1,339.89	0.00	0.00	1,339.89	0.39 %	5.23	10,544.27	41.13
500			9,168.21	0.00	9,168.21	0.00	0.00	9,168.21	0.39 %	35.76	98,388.95	383.70
500			907.53	0.00	907.53	0.00	0.00	907.53	0.39 %	3.54	11,737.68	45.76
500			4,839.56	0.00	4,839.56	0.00	0.00	4,839.56	0.39 %	18.87	43,533.60	169.77
500			3,977.53	0.00	3,977.53	0.00	0.00	3,977.53	0.39 %	15.51	49,983.83	194.95
500		T									10,328.52	40.28
500		T									171.08	0.67
500		T									271.31	1.06
500		T									304.96	1.18
500		T									7,470.04	29.13
500		T									5,576.00	21.75
	Catch-Up Premium										0.00	344.39
Total: Florida 8832			22,022.41	0.00	22,022.41	0.00	0.00	22,022.41	0.39 %	85.89	260,034.83	1,358.48
Employee Premium Total:			22,022.41	0.00	22,022.41	0.00	0.00	22,022.41		85.89	260,034.83	1,358.48

OTHER CHARGES

Description	Subject Wages	Amount	Policy YTD Subject Wages	Policy YTD Amount
Owner/Officer Minimum Premium with Payroll: FL/8832	1,950.00	7.61	25,350.00	98.93
Other Charges Total:	1,950.00	7.61	25,350.00	98.93
Total Charges This Payroll:	22,022.41	0.00	22,022.41	0.00
			23,972.41	93.50
			285,384.83	1,457.41

Legend: (*) owner or officer, (T) Terminated, (L) Leave of Absence, (D) Deceased. Blank Indicates an active employee.

Client: K1/W3T

PSL Medical Provider Inc

Payroll Premium Report

Period Covered: 03/24/2019 - 04/06/2019

Check Date: 04/12/2019

Run: 8

Week: 15

City of Port St. Lucie
FICA/Unemp Ins April 2019

FICA (OASDI & MEDICARE) \$3,184.85
Unemployment Ins \$5.39

Total: \$3,190.24

FICA (OASDI & MEDICARE)

Check Date		Amount
04/12/19	OASDI	\$1,302.69
04/12/19	MEDICARE	\$304.66
04/12/19	FUI	\$3.41
04/12/19	SUI	\$0.57
04/26/19	OASDI	\$1,278.50
04/26/19	MEDICARE	\$299.00
04/26/19	FUI	\$1.21
04/26/19	SUI	\$0.20
Totals:		\$3,190.24

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
Pay Frequency: Biweekly										
Department: 600 - Payroll										
Employee:				SSN: xxx-xx-7788						
Regular	63.02	19.3700	1,220.70	FED FIT	63.33	ADP RS	61.03	1,002.96	FED SOCSEC-ER	75.68
	63.02		1,220.70	FED SOCSEC	75.68	employee Roth			FED MEDCARE-ER	17.70
				FED	17.70	401(k) %			ADP RS employer	48.82
				MEDCARE			61.03		match	
					156.71					142.20
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXXX1806 \$1,002.96										
Employee:				SSN: xxx-xx-4076						
Regular	40.07	14.2000	568.99	FED FIT	43.28			482.18	FED SOCSEC-ER	35.28
	40.07		568.99	FED SOCSEC	35.28				FED MEDCARE-ER	8.25
				FED	8.25				FED FUTA	3.41
				MEDCARE					PL SUI-ER	0.57
					86.81					47.51
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX8383 \$482.18										
Employee:				SSN: xxx-xx-3480						
Regular	72.27	18.5400	1,339.89	FED FIT	95.41	ADP RS	13.39	1,128.60	FED SOCSEC-ER	83.07
	72.27		1,339.89	FED SOCSEC	83.07	employee			FED MEDCARE-ER	19.43
				FED	19.42	before-tax %			ADP RS employer	13.39
				MEDCARE			13.39		match	
					197.90					115.89
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXXX1197 \$1,128.60										
Employee:				SSN: xxx-xx-8833						
Regular	68.65	133.5500	9,168.21	FED FIT	1,080.36	ADP RS	1,191.86	5,418.31	FED SOCSEC-ER	516.31
	68.65		9,168.21	FED SOCSEC	516.31	employee			FED MEDCARE-ER	120.75
				FED	120.75	before-tax %			ADP RS employer	366.72
				MEDCARE		MED125	840.62		match	
					1,717.42		2,032.48			1,003.78
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX2706 \$5,418.31										
Employee:				SSN: xxx-xx-8172						
Regular	48.95	18.5400	907.53	FED FIT	82.82	ADP RS	9.07	746.22	FED SOCSEC-ER	56.27
	48.95		907.53	FED SOCSEC	56.26	employee			FED MEDCARE-ER	13.16
				FED	13.16	before-tax %			ADP RS employer	9.07
				MEDCARE			9.07		match	
					152.24					78.50
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXXXX0622 \$746.22										
Employee: Rivers, Lynda D				SSN: xxx-xx-8814						
Regular	71.17	68.0000	4,839.56	FED FIT	573.18	MED125	160.42	3,738.48	FED SOCSEC-ER	289.47
	71.17		4,839.56	FED SOCSEC	289.46	Dental pre-tax	7.52		FED MEDCARE-ER	67.70
				FED	67.70	Vision	2.80			357.17
				MEDCARE			170.74			

Company: PSL Medical Provider Inc
 Check date: 4/12/2019 - Payroll 1
 Pay Period: 03/24/2019 to: 04/06/2019

1 of 2
 Run Number: 0041

Date Printed: 05/07/2019 15:28
 24168647 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
930.34										
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX7635 \$3,738.48										
Employee: SSN: xxx-xx-6682										
Regular	58.97	67.4500	3,977.53	FED FIT	322.01	ADP RO	715.95	2,635.30	FED SOCSEC-ER	246.61
	58.97		3,977.53	FED SOCSEC	246.60	employee			FED MEDCARE-ER	57.67
				FED	57.67	before-tax %			ADP RO employer	159.09
				MEDCARE			715.95		match	
					626.28					463.37
Check Date: 04/12/2019 / Direct Deposit / Checking / Account No: XXXXXX4006 \$2,635.30										
Department Totals: 600 - Payroll										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL SUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			
						Dental pre-tax	\$7.52			\$2,208.42
						Vision	\$2.80			
							\$3,002.66			
Total Employees - 600 - Payroll: 7										
Pay Frequency Totals: Biweekly										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL SUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			
						Dental pre-tax	\$7.52			\$2,208.42
						Vision	\$2.80			
							\$3,002.66			
Total Employees - Biweekly: 7										
Company Totals:										
Regular	423.10		\$22,022.41	FED FIT	\$2,260.39	ADP RO	\$1,930.27	\$15,152.05	FED SOCSEC-ER	\$1,302.69
	423.10		\$22,022.41	FED SOCSEC	\$1,302.66	employee			FED MEDCARE-ER	\$304.66
				FED	\$304.65	before-tax %			FED FUTA	\$3.41
				MEDCARE		ADP RO	\$61.03		FL SUI-ER	\$0.57
					\$3,867.70	employee Roth			ADP RO employer	\$597.09
						401(k) %			match	
						MED 125	\$1,001.04			
						Dental pre-tax	\$7.52			\$2,208.42
						Vision	\$2.80			
							\$3,002.66			
Total Employees - Company: 7										

Company: PSL Medical Provider Inc
 Check date: 4/12/2019 - Payroll 1
 Pay Period: 03/24/2019 to: 04/06/2019

2 of 2
 Run Number: 0041

Date Printed: 05/07/2019 15:28
 24168647 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Net Pay	Employer	
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount		Liability	Amount
Pay Frequency: Biweekly										
Department: 600 - Payroll										
Employee:				SSN: xxx-xx-7788						
Regular	65.63	19.3700	1,271.25	FED FIT	102.94	ADP RG	77.53	1,251.65	FED SOCSEC-ER	96.15
Overtime	9.62	29.0550	279.51	FED SOCSEC	96.15	employee Roth			FED MEDCARE-ER	22.49
				FED	22.49	401(K) %			ADP RG employer	62.02
	75.25		1,550.76	MEDCARE			77.53		match	
					221.98					180.66
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXXX1806 \$1,251.65										
Employee:				SSN: xxx-xx-4076						
Regular	14.25	14.2000	202.35	FED FIT	5.62			181.24	FED SOCSEC-ER	12.55
	14.25		202.35	FED SOCSEC	12.55				FED MEDCARE-ER	2.93
				FED	2.94				FED FUTA	1.21
				MEDCARE					FL SUI-ER	0.20
					21.11					16.89
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXXX8383 \$181.24										
Employee:				SSN: xxx-xx-3480						
Regular	80.00	18.5400	1,483.20	FED FIT	128.86	ADP RG	16.21	1,352.31	FED SOCSEC-ER	100.53
Overtime	4.97	27.8100	138.22	FED SOCSEC	100.53	employee			FED MEDCARE-ER	23.51
				FED	23.51	before-tax %			ADP RG employer	16.21
				MEDCARE			16.21		match	
					252.90					140.25
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXXX1197 \$1,352.31										
Employee:				SSN: xxx-xx-8888						
Regular	67.28	133.5500	8,985.24	FED FIT	1,045.34	ADP RG	1,168.08	5,308.14	FED SOCSEC-ER	504.97
	67.28		8,985.24	FED SOCSEC	504.97	employee			FED MEDCARE-ER	118.10
				FED	118.09	before-tax %			ADP RG employer	359.40
				MEDCARE		MED125	840.62		match	
					1,668.40		2,008.70			982.47
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXXX2706 \$5,308.14										
Employee:				SSN: xxx-xx-8172						
Regular	55.47	18.5400	1,028.41	FED FIT	105.10	ADP RG	10.95	895.32	FED SOCSEC-ER	67.90
Overtime	2.40	27.8100	66.74	FED SOCSEC	67.90	employee			FED MEDCARE-ER	15.88
				FED	15.88	before-tax %			ADP RG employer	10.95
				MEDCARE			10.95		match	
					188.88					94.73
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXXXX0622 \$895.32										
Employee:				SSN: xxx-xx-8814						
Regular	62.28	68.0000	4,235.04	FED FIT	790.61	MED125	160.42	3,696.25	FED SOCSEC-ER	301.23
Overtime	1.12	102.0000	114.24	FED SOCSEC	301.23	Dental pre-tax	7.52		FED MEDCARE-ER	70.45
PTO	10.00	68.0000	680.00	FED	70.45	Vision	2.80			371.68
	73.40		5,029.28	MEDCARE			170.74			

Company: PSL Medical Provider Inc
 Check date: 4/26/2019 - Payroll 1
 Pay Period: 04/07/2019 to: 04/20/2019

1 of 2
 Run Number: 0042

Date Printed: 05/07/2019 15:31
 24168647 - K1/W3T

Payroll Details

Hours and Earnings				Taxes		Deductions		Employer		
Description	Hours	Rate	Amount	Tax	Amount	Deduction	Amount	Net Pay	Liability	Amount
1,162.29										
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXX7635 \$3,696.25										
Employee:				SSN: xxx-xx-6682						
Regular	46.67	67.4500	3,147.89	FED FIT	340.37	ADP RG	566.62	2,100.08	FED SOCSEC-ER	195.17
	46.67		3,147.89	FED SOCSEC	195.17	employee			FED MEDCARE-ER	45.64
				FED	45.65	before-tax %			ADP RG employer	125.90
				MEDCARE			566.62		match	
					481.19					
Check Date: 04/26/2019 / Direct Deposit / Checking / Account No: XXXXXX4006 \$2,100.08										
Department Totals: 600 - Payroll										
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RG	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21
	419.69		\$21,632.09	MEDCARE		ADP RG	\$77.53		FL SUI-ER	\$0.20
					\$3,996.35		employee Roth		ADP RG employer	
					401(k) %		MED125		match	
					\$1,001.04		Dental pre-tax		\$2,153.39	
					\$7.52		Vision		\$2.80	
					\$2.80		\$2,850.75			
Total Employees - 600 - Payroll: 7										
Pay Frequency Totals: Biweekly										
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RG	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21
	419.69		\$21,632.09	MEDCARE		ADP RG	\$77.53		FL SUI-ER	\$0.20
					\$3,996.35		employee Roth		ADP RG employer	
					401(k) %		MED125		match	
					\$1,001.04		Dental pre-tax		\$2,153.39	
					\$7.52		Vision		\$2.80	
					\$2.80		\$2,850.75			
Total Employees - Biweekly: 7										
Company Totals:										
Regular	391.58		\$20,353.38	FED FIT	\$2,418.84	ADP RG	\$1,761.86	\$14,784.99	FED SOCSEC-ER	\$1,278.50
Overtime	18.11		\$598.71	FED SOCSEC	\$1,278.50	employee			FED MEDCARE-ER	\$299.00
PTO	10.00		\$680.00	FED	\$299.01	before-tax %			FED FUTA	\$1.21
	419.69		\$21,632.09	MEDCARE		ADP RG	\$77.53		FL SUI-ER	\$0.20
					\$3,996.35		employee Roth		ADP RG employer	
					401(k) %		MED125		match	
					\$1,001.04		Dental pre-tax		\$2,153.39	
					\$7.52		Vision		\$2.80	
					\$2.80		\$2,850.75			
Total Employees - Company: 7										

Company: PSL Medical Provider Inc
 Check date: 4/26/2019 - Payroll 1
 Pay Period: 04/07/2019 to: 04/20/2019

2 of 2
 Run Number: 0042

Date Printed: 05/07/2019 15:31
 24168647 - K1/W3T

The City of Port St. Lucie	
MEDICAL SUPPLIES APRIL 2019	

McKesson	\$4,592.21
Total	\$4,592.21

McKesson

DATE	INVOICE #	AMOUNT
4/5/2019	51380324	\$267.40
4/5/2019	51389702	\$1,444.07
4/16/2019	52118002	\$249.83
4/16/2019	52178924	\$87.78
4/24/2019	52794535	\$370.12
4/29/2019	53075012	\$1,510.75
4/30/2019	53217509	\$662.26
TOTAL McKesson		\$4,592.21

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Bill To: 4270149

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Invoice
 Page 1 of 2

RCHAP6519

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GILLS DRIVE SUITE#100
 ORLANDO, FL 32834

District License: 22-1023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME38036
 Payment / Account Balance Inquires: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	30761446	Invoice Number	61380324
Sales Order Date	04/06/2019	Invoice Date	04/06/2019
PO Number	04/06/18FM	Payment Due Date	08/04/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$287.40

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at:
MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
380526	Vendor: DJORTH Vend Cat#: 79-81218 1225X6730309298686 SHIPPED: 04/05/2019	ELBOW SUPPORT, PULL-ON CT/VELA PO LN 1	1	EA	1	3.16	3.16	.00	
		Orlando							
453139	Vendor: OSSURA Vend Cat#: 17007 1225X6730309298686 SHIPPED: 04/05/2019	SHOE, POST OP MESH F/M, LG PO LN 2	1	EA	1	7.81	7.81	.00	
		Orlando							
854996	Vendor: MGM155 Vend Cat#: 739 1225X6730309298686 SHIPPED: 04/05/2019	WRIST SPLINT, ELAS RT MED PO LN 3	1	EA	1	7.87	7.87	.00	
		Orlando							
410257	Vendor: DJORTH Vend Cat#: 79-80195 1225X6730309298686	KNEE SUPPORT, ELAS MED PO LN 4	1	EA	1	3.93	3.93	.00	

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Invoice

RCHAP6519

Account Number	4270149	Date	04/06/2019
Document Number	61380324	Term	AR NET 60
Pay This Amount Before		08/04/2019	\$287.40

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
 MCKESSON MEDICAL SURGICAL
 PO BOX 634404
 CINCINNATI OH 45263-4404

McKESSON

McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

Invoice
Page 2 of 2

RCHAFES19

Bill To: 4270149
PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Shipped To:
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Invoice Number 51380324	PO Number 04/05/19FM	Invoice Date 04/05/2019
-------------------------	----------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
SHIPPED: 04/05/2019 Orlando									
854997	Vendor: MGM155 Vend Cat#: 740 1Z25X5730309298686	WRIST SPLINT, ELAS RT LG PO LN 5	1	EA	1	8.41	8.41	.00	
SHIPPED: 04/05/2019 Orlando									
275842	Vendor: MRKVAC NDC Num: & 00005482700	VARIVAX, VL 0.5ML (10/PK) DIS PO LN 6	1	PK	0	1292.98	.00	.00	
SHIPPED: 04/05/2019 Orlando									
653303	Vendor: 9FSPRO NDC Num: & 42023010401 1Z25X5730309298640	PPD APLISOL, VL STU/0.1ML 1ML PO LN 7	2	EA	2	113.83	227.66	.00	
SHIPPED: 04/05/2019 Orlando									

S A L E S T A X

SUB		STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
		\$0.48	\$0.08	\$0.00	\$0.00	\$0.00		TAX	AMOUNT
TOTAL	HANDLING	COLD CHAIN	HAZMAT	BULK	STD/EXP	FREIGHT	FREIGHT	TAX	AMOUNT
\$268.84	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00	\$0.68		\$287.40

The purchase listed on this Invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this Invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
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McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

Bill To: 4270149

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Invoice
Page 1 of 2

RCHAP6519

Shipped From:
MCKESSON MEDICAL-SURGICAL, INC.
ORLANDO #11
401 GILLS DRIVE SUITE#100
ORLANDO, FL 32824

District License: 22-1023
Shipped To: 4270149
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Regulatory License: ME38835
Payment / Account Balance Inquires: 1-800-845-3870
Phone:
Customer Service Phone: 1-800-811-8528

Sales Order Number	30738263	Invoice Number	61388702
Sales Order Date	04/05/2019	Invoice Date	04/05/2019
PO Number	04/05/19FM	Payment Due Date	08/04/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,444.07

Notes: See back for Terms and Conditions.
Please contact us regarding electronic payment options at
MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
962507	Vendor: MGM142 Vend Cat#: 1303	SPLINT, CAST 3"X15" (1RL)BX 2B PO LN 1	1	BX	1	64.28	64.28	.00	
	1Z25X5730309297267 SHIPPED: 04/05/2019	Orlando							
960298	Vendor: MGM05 Vend Cat#: 06-R3051P-05	TEST STRIP, BLD GLUC TRUEMETRI PO LN 2	1	CS	1	545.04	545.04	.00	
	1Z25X5730309296802 SHIPPED: 04/05/2019	Orlando							
960298	Vendor: MGM05 Vend Cat#: 06-R3051P-05	TEST STRIP, BLD GLUC TRUEMETRI PO LN 3	1	CS	1	545.04	545.04	.00	
	1Z25X5730309296795 SHIPPED: 04/05/2019	Orlando							
840311	Vendor: MGM16 Vend Cat#: 16-PBSL28G	LANCET, PUSH-BUTTON SFTY 28G N PO LN 4	1	CS	1	269.94	269.94	18.90	
	1Z25X5730309297016								

Invoice

RCHAP6519

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McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Account Number	4270149	Date	04/05/2019
Document Number	61388702	Terms	AR NET 60
Pay This Amount Before	08/04/2019		\$1,444.07

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Please Rebill To:
MCKESSON MEDICAL SURGICAL
PO BOX 634404
CINCINNATI OH 45263-4404

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9954 Mayland Drive Suite 4000
Richmond, VA 23233

Bill To: 4270149
PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Invoice
Page 2 of 2

RCHAP6519

Shipped To:
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Invoice Number	51388702	PO Number	04/05/19FM	Invoice Date	04/05/2019
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
	SHIPPED: 04/05/2019	Orlando							
	Vend Cat#: FUEL SURCHARGE	PO LN 5	1	EA	1	.87	.87	.00	
SALES TAX									
		STATE	COUNTY	CITY	DISTRICT	OTHER			
		\$18.20	\$2.70	\$0.00	\$0.00	\$0.00			
SUB				STD/EXP	TOTAL	TOTAL	TOTAL		
TOTAL	HANDLING	COLD CHAIN	HAZMAT	BULK	FREIGHT	FREIGHT	TAX		AMOUNT
\$1,425.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.90		\$1,444.07

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MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 2

RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GILLS DRIVE SUITE#100
 ORLANDO, FL 32804

District License: 22-1023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Regulatory License: ME38936
 Payment / Account Balance Inquiries: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-911-8528

Sales Order Number	31401233	Invoice Number	62118002
Sales Order Date	04/16/2018	Invoice Date	04/18/2019
PO Number	04/16/18	Payment Due Date	08/16/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$248.83

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
MMS.Treasury@McKesson.com

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
490469	Vendor: 9FREKB NDC Num: & 63323066401 011000829072	DIPHENHYDRAMINE HCL, VL 50MG/ML PO LN 1	1	CT	1	157.72	157.72	.00	
SHIPPED: 04/16/2019 Orlando									
1044706	Vendor: MGMQ0 Vend Cat#: 20-1070N 011000829072	GLOVE, SURG STR LTX PF 627 (50) PO LN 2	1	BX	1	60.00	60.00	4.20	
SHIPPED: 04/16/2019 Orlando									
1044713	Vendor: MGMQ0 Vend Cat#: 20-1255N	GLOVE, SURG AQUATICH STR LTX PF PO LN 3	1	BX	0	82.03	.00	.00	
733255	Vendor: MGM37 Vend Cat#: 37-6280 011000829072	SALINE, IRR SOL 0.9% 500ML (18) PO LN 4	10	EA	10	2.15	21.50	.00	
SHIPPED: 04/16/2019 Orlando									
706567	Vendor: 9NEPHR NDC Num: & 00487950103	ALBUTEROL, SOL INH 0.083% 3ML PO LN 5	1	CT	1	5.54	5.54	.00	

Invoice

RCHAP6519

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Account Number	4270149	Date	04/18/2019
Document Number	62118002	AR NET 80	
Terms			
Pay This Amount Before	08/16/2019		\$248.83

PSL MEDICAL PROVIDER INC
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 CINCINNATI OH 45263-4404

McKESSON

McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 2 of 2

RCHAPETS

Bill To: 4270149
 PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Shipped To:
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2288 BEST ST
 PORT SAINT LUCIE FL 34984

Invoice Number 52118002	PO Number 04/15/19	Invoice Date 04/16/2019
-------------------------	--------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
	011000829072	SHIPPED: 04/16/2019 Orlando							
772679	Vendor: 8MRLPH NDC Num: & 58160082652	HAVRIX, SYR 1440U/ML 1ML PF (1 PO LN 6	2	PK	0	695.50	.00	.00	
	Vendor Cat#: FUEL SURCHARGE	PO LN 7	1	EA	1	.87	.87	.00	

S A L E S T A X

	STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
	\$3.80	\$0.80	\$0.00	\$0.00	\$0.00			
SUB						STD/EXP	TOTAL	TOTAL
TOTAL						FREIGHT	TAX	AMOUNT
\$246.53						\$0.00	\$4.20	\$248.53

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MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 1
 RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL INC (SUWANEE)
 ATLANTA GA
 1008 SATELLITE BLVD.
 SUWANEE, GA 30024

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

District License: 232464
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME28635
 Payment / Account Balance Inquiries: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	31401233	Invoice Number	62178824
Sales Order Date	04/16/2019	Invoice Date	04/16/2019
PO Number	04/15/19	Payment Due Date	08/16/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$87.78

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
MMS.Treasury@McKesson.com

Invoice Detail									
Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1044713	Vendor: MGM20 Vend Cat#: 20-1255N 129627AW0367550011 SHIPPED: 04/16/2019	GLOVE, SURG AQUATCH STR LTX PF PO LN 3 Atlanta	1	BX	1	82.03	82.03	5.75	
S A L E S T A X									
			STATE	COUNTY	CITY	DISTRICT	OTHER		
			\$4.82	\$0.85	\$0.00	\$0.00	\$0.00		
SUB TOTAL		HANDLING	COLD CHAIN	HAZMAT	BULK	STD/EXP FREIGHT	TOTAL FREIGHT	TOTAL TAX	TOTAL AMOUNT
\$82.03		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.75	\$87.78

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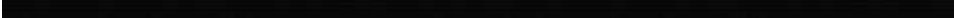
MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 RCHAP6519

Account Number	4270148	Date	04/16/2019
Document Number	62178824	Terms	AR NET 80
Pay This Amount Before	08/16/2019		\$87.78

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

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 Please Remit To:
 MCKESSON MEDICAL SURGICAL
 PO BOX 634404
 CINCINNATI OH 45263-4404



McKESSON

McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

Bill To: 4270149

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Invoice
Page 1 of 2

RCHAP6519

Shipped From:
McKESSON MEDICAL-SURGICAL, INC.
ORLANDO #11
401 GILLS DRIVE SUITE#100
ORLANDO, FL 32824

District License: 22-1023
Shipped To: 4270157
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Regulatory License: ME30636
Payment / Account Balance Inquires: 1-800-845-3870
Phone:
Customer Service Phone: 1-800-811-8528

Sales Order Number	31891954	Invoice Number	62794636
Sales Order Date	04/23/2019	Invoice Date	04/24/2019
PO Number	SUPPLY	Payment Due Date	06/23/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$370.12

Notes: See back for Terms and Conditions.
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MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
803207	Vendor: MGM01 Vend Cat#: 01-865-12XBDGM 011000833337	INFLATION SYSTEM, BP LF BURG L PO LN 1	3	BX	3	27.15	81.45	.00	
SHIPPED: 04/24/2019 Orlando									
803207	Vendor: MGM01 Vend Cat#: 01-865-12XBDGM 011000833337	INFLATION SYSTEM, BP LF BURG L PO LN 2	3	BX	3	27.15	81.45	.00	
SHIPPED: 04/24/2019 Orlando									
491826	Vendor: MGM15 Vend Cat#: 15-89044 011000833337	DRESSING, ISLAND BORDER-GZE ST PO LN 3	4	BX	4	19.21	76.84	.00	
SHIPPED: 04/24/2019 Orlando									
1106591	Vendor: MGM122 Vend Cat#: 122-LBXS	LIQUIBAND EXCEED, TOPICAL SKIN PO LN 4	1	CS	0	1510.75	.00	.00	
528732	Vendor: PRFD16 Vend Cat#: Q55172	WIPE, SANICLOTH SUPER GERMICID PO LN 5	5	CN	5	6.93	34.65	2.43	

Invoice

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McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Account Number	4270149	Date	04/24/2019
Document Number	62794636	Terms	AR NET 80
Pay This Amount Before		06/23/2019	\$370.12

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Please Rebill To:
McKESSON MEDICAL SURGICAL
PO BOX 634404
CINCINNATI OH 45263-4404

McKESSON

McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

Invoice
Page 2 of 2

ROHAFES13

Bill To: 4270149
PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Shipped To:
JOHN GRAVES SHEDD
330 CITY OF PORT ST LUCIE CLINIC
2285 BEST ST
PORT SAINT LUCIE FL 34984

Invoice Number 52794535	PO Number SUPPLY	Invoice Date 04/24/2019
-------------------------	------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
	011000833337								
	SHIPPED: 04/24/2019 Orlando								
286398	Vendor: DJOROTH Vend Cat#: 79-82170	THUMB SPLINT, PERF SUEDE W/FLA PO LN 5	1	EA	1	10.64	10.64	.00	
	011000833337								
	SHIPPED: 04/24/2019 Orlando								
410261	Vendor: DJOROTH Vend Cat#: 79-80197	KNEE SUPPORT, ELAS LG PO LN 7	1	EA	1	4.04	4.04	.00	
	011000833337								
	SHIPPED: 04/24/2019 Orlando								
251556	Vendor: DJOROTH Vend Cat#: 79-82728	KNEE SUPPORT, CLSD PATELLA STA PO LN 8	1	EA	1	28.41	28.41	.00	
	011000833337								
	SHIPPED: 04/24/2019 Orlando								
381624	Vendor: DJOROTH Vend Cat#: 79-72055	FINGER SPLINT, BASEBALL PADDED PO LN 5	1	PK	1	26.79	26.79	.00	
	011000833337								
	SHIPPED: 04/24/2019 Orlando								
251555	Vendor: DJOROTH Vend Cat#: 79-82727	KNEE SUPPORT, CLSD PATELLA STA PO LN 10	1	EA	1	23.42	23.42	.00	
	011000833337								
	SHIPPED: 04/24/2019 Orlando								

SALES TAX

SUB	STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
TOTAL	HANDLING	COLD CHAIN	HAZMAT	BULK	STD/EXP FREIGHT	FREIGHT	TAX	AMOUNT
\$387.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.43	\$370.12

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MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 1

RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL INC (SUWANEE)
 ATLANTA, GA
 1005 SATELLITE BLVD.
 SUWANEE, GA 30024

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

District License: 232494
 Shipped To: 4270157
 JOHN GRAVES SHEAD
 C/O CITY OF PORT ST LUCIE CLINIC
 2265 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME38036
 Payment / Account Balance Inquires: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	31981864	Invoice Number	63076012
Sales Order Date	04/23/2018	Invoice Date	04/28/2018
PO Number	SUPPLY	Payment Due Date	08/28/2018
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,610.76

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
 MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1106591	Vendor: M3M132 Vend Cat#: 122-LB38 129627AW0367748890 SHIPPED: 04/29/2018	LIQUIBAND EXCEED, TOPICAL SKIN PO LN 4	1	CS	1	1510.75	1510.75	.00	
Atlanta			UPS GROUND						

SALES TAX

	STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUB								
TOTAL								
	\$1,610.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,610.76

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MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice

RCHAP6519

Account Number	4270149	Date	04/28/2018
Document Number	63076012	Terms	AR NET 60
Pay This Amount Before	08/28/2018		\$1,610.76

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

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Bill To: 4270149

PSL MEDICAL PROVIDER INC
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Invoice
Page 1 of 2

RCHAP6519

Shipped From:
MCKESSON MEDICAL-SURGICAL, INC.
ORLANDO #11
401 GILLS DRIVE SUITE#100
ORLANDO, FL 32824

District License: 22-1023
Shipped To: 4270157
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Regulatory License: ME38636
Payment / Account Balance Inquires: 1-800-845-3870
Phone:
Customer Service Phone: 1-800-811-8528

Sales Order Number	32472866	Invoice Number	63217508
Sales Order Date	04/30/2019	Invoice Date	04/30/2019
PO Number	SUPPLY	Payment Due Date	06/28/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$882.28

Notes: See back for Terms and Conditions.
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MMS.Treasury@McKesson.com

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
180612	Vendor: MGM118 Vend Cat#: 18-914 011000836211	PAPER, TABLE SMOOTH ECON WHT 2 PO LN 1	2	CS	2	45.28	90.56	6.34	
SHIPPED: 04/30/2019 Orlando									
854862	Vendor: MGM128 Vend Cat#: 2269 011000836211	CONTAINER, SHARPS COLL WALL MG PO LN 2	8	EA	8	4.14	33.12	2.32	
SHIPPED: 04/30/2019 Orlando									
960840	Vendor: INSTCH Vend Cat#: QT20A	DRUG SCREEN, URINE QUICK TOX 5 PO LN 3	3	BX	0	193.57	.00	.00	
960297	Vendor: MGM05 Vend Cat#: DE-R3051P-01 011000836211	STRIP, BLD GLUC TRUEMETRIX PRO PO LN 4	1	CS	1	529.05	529.05	.00	
SHIPPED: 04/30/2019 Orlando									
	Vend Cat:	FUEL SURCHARGE PO LN 5	1	EA	1	.87	.87	.00	

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Account Number	4270148	Date	04/30/2019
Document Number	63217508	Terms	AR NET 60
Pay This Amount Before	06/28/2019		\$882.28

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Please Reply To:
MCKESSON MEDICAL SURGICAL
PO BOX 634404
CINCINNATI OH 45263-4404

McKESSON

McKesson Medical-Surgical
9954 Mayland Drive Suite 4000
Richmond, VA 23233

Bill To: 4270149
PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HWY 1
JENSEN BEACH FL 34957

Shipped To:
JOHN GRAVES SHEDD
C/O CITY OF PORT ST LUCIE CLINIC
2266 BEST ST
PORT SAINT LUCIE FL 34984

Invoice
Page 2 of 2

RCHAP6519

Invoice Number	53217509	PO Number	SUPPLY	Invoice Date	04/30/2019
----------------	----------	-----------	--------	--------------	------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
S A L E S T A X									
			STATE	COUNTY	CITY	DISTRICT	OTHER		
			\$7.41	\$1.26	\$0.00	\$0.00	\$0.00		
SUB TOTAL		HANDLING	COLD CHAIN	HAZMAT	BULK	STD/EXP FREIGHT	TOTAL FREIGHT	TOTAL TAX	TOTAL AMOUNT
\$863.80		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.88	\$882.28

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
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The City of Port St. Lucie
PHARMACY SUPPLY APRIL 2019
PREFERRED PHARMACEUTICALS

Date	Invoice #	Amount
04/02/19	111043	\$2,679.95
04/02/19	111042	\$1,164.35
04/05/19	111162	\$1,239.29
04/15/19	111396	\$448.20
04/15/19	111377	\$1,693.32
04/23/19	111616	\$271.15
04/30/19	111776	\$920.20
04/30/19	111775	\$1,602.51
TOTAL		\$10,018.97

McKesson		
Date	Invoice #	Amount
04/12/19	51942650	\$1,292.98
04/17/19	52220961	\$1,399.76
04/19/19	52455177	\$1,400.63
TOTAL		\$4,093.37
GRAND TOTAL		\$14,112.34

The McKesson invoices are for vaccines.



1260 N. Lakeview Ave., Suite O, Anaheim, Ca 92807
 www.preferredpharmaceuticals.com

to order call 714-777-3728 or fax 714-701-1741



invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111043

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/02/2019 | Order#: 111043 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
2	30	200	9552-02	Ventolin® HFA	\$62.25	\$1,867.50
1	30	90	9438-09	Montelukast Sodium Tablets 10mg	\$5.75	\$172.50
3	5	21	9326-07	Cephalexin Capsules, USP 500mg	\$3.69	\$18.45
4	20	20	9319-02	Amoxicillin & Clav. Potassium Tablets USP 875mg/125mg	\$7.99	\$159.80
5	20	90	9080-09	Loratadine Tablets 10mg	\$6.99	\$139.80
6	30	21	7343-02	Methyl- Prednisolone Tablets 4mg	\$5.99	\$179.70
7	6	90	7213-09	Losartan Potassium Tab USP 25mg	\$3.99	\$23.94
8	4	90	6788-09	Losartan Potassium Tab USP 25mg	\$3.99	\$15.96
9	15	60	9418-06	Meloxicam Tablets, USP 15mg	\$3.13	\$46.95
10	15	21	9326-07	Cephalexin Capsules, USP 500mg	\$3.69	\$55.35
					sub total:	\$2,679.95
					shipping fee:	\$0.00
					grand total:	\$2,679.95



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invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111042

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/02/2019 | Order#: 111042 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
1	10	100	7128-01	Amox. & Clav. Pot. for Oral Susp 400mg/57mg per 5mL	\$6.99	\$69.90
2	10	75	7127-07	Amox. & Clav. Pot. for Oral Susp 600mg/42.9mg per 5mL	\$11.99	\$119.90
3	10	100	0141-01	Glipizide Tablets USP 5mg	\$3.99	\$39.90
4	10	100	0142-01	Glipizide Tablets USP 10mg	\$4.49	\$44.90
5	30	30	6365-03	Tizanidine Hydrochloride Tablet 4mg	\$3.90	\$117.00
6	10	90	6386-09	Amlodipine Besylate Tablets 10mg	\$3.39	\$33.90
7	20	90	9345-09	Amlodipine Besylate Tablets 5mg	\$3.19	\$63.80
8	10	90	6844-09	HCTZ Tablets, USP 25mg	\$2.89	\$28.90
9	15	90	6862-09	Atorvastatin Calcium Tablets 10mg	\$5.25	\$78.75
10	30	6	7066-06	Azithromycin Tablets 250mg	\$3.79	\$113.70
11	30	100	7080-01	Ibuprofen Tablets, USP 800mg	\$6.99	\$209.70
12	20	30	7090-03	Naproxen Tablets, USP 500mg	\$3.89	\$77.80
13	20	30	7090-03	Naproxen Tablets, USP 500mg	\$3.89	\$77.80
14	10	90	7167-09	Losartan Potassium Tab. USP 50mg	\$3.99	\$39.90
15	10	100	7192-01	Metoprolol Tartrate Round- Tablets 50mg	\$4.85	\$48.50
					sub total:	\$1,164.35
					shipping fee:	\$0.00
					grand total:	\$1,164.35



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invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111162

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/05/2019 | Order#: 111162 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
3	4	90	6819-09	Carvedilol Tablets, 25mg	\$4.29	\$17.16
5	16	100	6932-01	Metformin HCl Extended Release Tab. USP 500mg	\$5.25	\$84.00
8	4	90	9163-09	Levothyroxine Sodium Tab. USP 88mcg (0.088mg)	\$33.70	\$134.80
1	1	90	6359-09	Levothyroxine Sodium Tab. USP 100mcg (0.1mg)	\$32.50	\$32.50
9	40	120	9678-01	Fluticasone Propionate Nasal Spray 50 mcg	\$6.99	\$279.60
2	9	90	6359-09	Levothyroxine Sodium Tab. USP 100mcg (0.1mg)	\$32.50	\$292.50
10	10	28	9811-02	Triple Antibiotic Ointment	\$3.69	\$36.90
11	7	90	9265-09	Carvedilol Tablets, 25mg	\$4.29	\$30.03
4	40	100	7107-01	Aspirin Tab 81mg Low Dose Enteric Coated	\$2.79	\$111.60
6	10	100	7249-01	Bupropion HCl Extended-Release Tab. (SR) 150mg	\$14.94	\$149.40
7	12	100	7388-01	Ramitidine Tablets USP, 150mg	\$5.90	\$70.80
					sub total:	\$1,239.29
					shipping fee:	\$0.00
					grand total:	\$1,239.29



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2266 SW Best St.
Fort St. Lacie, FL 34984
2nd Day/NO CONTROLLED
Dr. Martone, DEA# BM4243781, EXP 1/31/2019

customer id : 0821214
invoice number : 111396



Date: 04/15/2019 | Order#: 111396 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
2	10	15	7451-01	Betamethasone Valerate Cream USP, 0.1%	\$22.50	\$225.00
3	6	90	7081-09	Levodroxine Sodium Tab. USP 38mcg (0.088mg)	\$33.70	\$202.20
1	4	100	6932-01	Metformin HCl Extended Release Tab. USP 500mg	\$5.25	\$21.00
					sub total	\$448.20
					shipping fee	\$0.00
					grand total	\$448.20



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Fort St. Lacie, FL 34984
2nd Day/NO CONTROLLED
Dr. Martone, DEA# BM4243781, EXP 1/31/2019

customer id : 0821214
invoice number : 111377



Date: 04/15/2019 | Order#: 111377 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
1	10	90	9301-09	Duloxetine Delayed-Release Cap USP 30mg	\$24.89	\$248.90
2	4	100	0141-01	Glipizide Tablets USP 5mg	\$3.99	\$15.96
3	6	90	6359-09	Levodroxine Sodium Tab. USP 100mcg (0.1mg)	\$32.50	\$195.00
4	4	90	6359-09	Levodroxine Sodium Tab. USP 100mcg (0.1mg)	\$32.50	\$130.00
5	20	90	7423-09	Ranitidine Tablets USP, 300mg	\$10.55	\$211.00
6	20	90	6881-09	Omeprazole Delayed-Release Cap. USP 20mg	\$4.79	\$95.80
7	10	30	6896-03	Valacyclovir Tablets, USP 500mg	\$9.25	\$92.50
8	2	30	7094-03	Benzonatate Capsules, USP 100mg	\$4.49	\$8.98
9	8	30	7094-03	Benzonatate Capsules, USP 100mg	\$4.49	\$35.92
10	10	30	7398-03	Cyclobenzaprine HCl Tablets, USP 10mg	\$2.25	\$22.50
11	10	100	9035-01	Amoxicillin 400mg per 5mL For Oral Suspension	\$3.99	\$39.90
12	10	100	9121-01	Metformin Hydrochloride Tablet 500mg	\$3.80	\$38.00
13	10	100	9122-01	Metformin Hydrochloride Tablet 1000mg	\$4.90	\$49.00
14	10	100	9313-01	Benzazepril Hydrochloride Tablet 20mg	\$5.29	\$52.90
15	9	100	9317-01	Clonidine Hydrochloride Tab. USP 0.1mg	\$3.99	\$35.91
16	9	100	9327-01	Benzazepril Hydrochloride Tablet 10mg	\$5.29	\$47.61
17	10	10	9924-01	Neomycin Polymyxin & Hydrocortisone Otic Suspension	\$34.95	\$349.50
18	6	100	0141-01	Glipizide Tablets USP 5mg	\$3.99	\$23.94
					sub total	\$1,693.32
					shipping fee	\$0.00
					grand total	\$1,693.32



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invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111616

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/23/2019 | Order#: 111616 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
1	14	118	6933-01	Tussin DM	\$2.99	\$41.86
3	21	90	9080-09	Loratadine Tablets 10mg	\$6.99	\$146.79
2	15	100	6909-01	Ibuprofen Tablets 600mg	\$5.50	\$82.50
					sub total:	\$271.15
					shipping fee:	\$0.00
					grand total:	\$271.15



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invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111776

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/30/2019 | Order#: 111776 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
7	10	90	9868-09	Simvastatin Tab USP 40mg	\$5.29	\$52.90
2	5	90	7338-09	Metoprolol Tartrate Tablets, USP 25mg	\$3.80	\$19.00
3	21	60	9418-06	Meloxicam Tab USP 15mg	\$3.13	\$65.73
4	9	60	9418-06	Meloxicam Tab USP 15mg	\$3.13	\$28.17
1	5	90	7338-09	Metoprolol Tartrate Tablets, USP 25mg	\$3.80	\$19.00
5	10	200	7353-02	Albuterol Sulfate Inhalation Aerosol	\$43.99	\$439.90
6	30	120	9678-01	Fluticasone Propionate Nasal Spray 50 mcg	\$6.99	\$209.70
8	20	28	9922-02	Hydrocortisone Cream, USP 2.5%	\$4.29	\$85.80
					sub total:	\$920.20
					shipping fee:	\$0.00
					grand total:	\$920.20



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invoice

Sold to: **TCMAI-PSL Medical Providers, Inc.**

customer id : 0821214
 invoice number : 111775

2266 SW Best St.
 Port St. Lucie, FL 34984
 2nd Day/NO CONTROLLED
 Dr. Martone, DEA# BM4243781, EXP 1/31/2019



Date: 04/30/2019 | Order# 111775 | Pharmacist: rtk | Invoiced by: mlk | DEA# RP0313899

item	qty	size	item#	name	each	total
1	9	90	9080-09	Levetiracetam Tablets 10mg	\$6.99	\$62.91
2	10	100	7255-01	Cefdinir for Oral Suspension, USP 250mg/5mL	\$16.90	\$169.00
3	20	30	7402-03	Clotrimazole Cream USP, 1%	\$3.79	\$75.80
4	10	100	7271-01	Cephalexin for Oral Suspension, USP 250mg/5mL	\$13.99	\$139.90
5	20	118	6933-01	Tussin DM	\$2.99	\$59.80
6	10	90	6386-09	Amlodipine Besylate Tablets 10mg	\$3.39	\$33.90
7	20	30	6391-03	Methocarbamol Tab. USP 500mg	\$3.79	\$75.80
8	2	90	6783-09	Escitalopram Tab USP 20mg	\$5.69	\$11.38
9	8	90	6783-09	Escitalopram Tab USP 20mg	\$5.69	\$45.52
10	10	90	6836-09	Atorvastatin Calcium Tablets 40mg	\$7.99	\$79.90
11	10	90	9556-09	Atorvastatin Calcium Tablets 10mg	\$5.25	\$52.50
12	10	20	7125-02	Clarithromycin Tablets, USP 500mg	\$13.80	\$138.00
13	20	100	6978-01	Escitalopram Tablets, USP 10mg	\$5.99	\$119.80
14	10	100	7012-01	Lisinopril Tablets USP 40mg	\$4.89	\$48.90
15	20	30	7094-03	Benzonate Capsules, USP 100mg	\$4.49	\$89.80
16	30	21	7141-02	Amoxicillin Capsules 500mg	\$4.25	\$127.50
17	9	100	7192-01	Metoprolol Tartrate Round- Tablets 50mg	\$4.85	\$43.65
18	1	100	7192-01	Metoprolol Tartrate Round- Tablets 50mg	\$4.85	\$4.85
19	10	90	7238-09	Clopidogrel Tab. USP, 75mg	\$7.99	\$79.90
20	30	90	6881-09	Omeprazole Delayed-Release Cap. USP 20mg	\$4.79	\$143.70
					sub total:	\$1,602.51
					shipping fee:	\$0.00
					grand total:	\$1,602.51

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 1

RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GULLS DRIVE SUITE#100
 ORLANDO, FL 32824

District License: 221023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Regulatory License: ME38836
 Payment / Account Balance Inquires: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	30761446	Invoice Number	61842860
Sales Order Date	04/06/2018	Invoice Date	04/12/2018
PO Number	04/06/18FM	Payment Due Date	06/11/2018
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,292.88

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
 MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Code
276842	Vendor: MRKVAC NDC Num: 8 00006482700 MMS PC# 24195160	VARIVAX, VL 0.5ML (10/PK) DIS POLN 6	1	PK	1	1292.98	1292.98	.00	

SALES TAX

SUB		STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		TAX	AMOUNT
TOTAL	HANDLING			STD/EXP	FREIGHT	FREIGHT			
\$1,292.98	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,292.98

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
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 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice

RCHAP6519

Account Number	4270149	Date	04/12/2018
Document Number	61842860	Terms	AR NET 60
Pay This Amount Before	06/11/2018		\$1,292.88

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

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 Please Remit To:
 MCKESSON MEDICAL SURGICAL
 PO BOX 634404
 CINCINNATI OH 45263-4404

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Bill To: 4270149

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Invoice
 Page 1 of 1

RCHAP6519

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GILLS DRIVE SUITE#100
 ORLANDO, FL 32824

District License: 22-1023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME38638
 Payment / Account Balance Inquires: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-911-8528

Sales Order Number	31401233	Invoice Number	62220961
Sales Order Date	04/16/2019	Invoice Date	04/17/2019
PO Number	04/16/18	Payment Due Date	06/18/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,398.78

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
 MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
772579	Vendor: SMRLPH NDC Num: & 58160082652 011000830033	HAVERIX, SYR 144QUMIL 1ML PF (1 PO LN 6	2	PK	2	695.60	1391.20	.00	
SHIPPED: 04/17/2019		Orlando							
Lot/Serial: E9G4E		12/29/2021							

S A L E S T A X

SUB	STATE	COUNTY	CITY	DISTRICT	OTHER	TOTAL	TOTAL	TOTAL
	\$0.48	\$0.08	\$0.00	\$0.00	\$0.00		TAX	AMOUNT
TOTAL							\$0.68	\$1,398.78

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
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MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Invoice

RCHAP6519

Account Number	4270148	Date	04/17/2019
Document Number	62220961	Terms	AR NET 80
Pay This Amount Before	06/18/2019		\$1,398.78

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
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 PO BOX 634404
 CINCINNATI OH 45263-4404

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 2
 RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GILLS DRIVE SUITE#100
 ORLANDO, FL 32824

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

District License: 22-1023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME39036
 Payment / Account Balance Inquiries: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	31717460	Invoice Number	62466177
Sales Order Date	04/18/2019	Invoice Date	04/18/2019
PO Number	04/18/19 HEP BATCH 2	Payment Due Date	06/18/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,400.83

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
MMS.Treasury@McKesson.com

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
772679	Vendor: 8MKLPH NDC Num: 8 58160082652 011000830969 SHIPPED: 04/19/2019 Lot/Serial: 299K2	HAVRIX, SYR 1440U/ML 1ML PF (1 PO LN 1 Orlando 01/24/2022	2	PK	2	695.60	1391.20	.00	
	Vend Cat#:	FUEL SURCHARGE PO LN 2	1	EA	1	.87	.87	.00	

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 RCHAP6519

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Account Number	4270149	Date	04/18/2019
Document Number	62466177	Terms	AR NET 90
Pay This Amount Before	06/18/2019		\$1,400.83

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
 MCKESSON MEDICAL SURGICAL
 PO BOX 634404
 CINCINNATI OH 45263-4404

MCKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 2 of 2
 RCHAP6519

Bill To: 4270149
 PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Shipped To:
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Invoice Number	52455177	PO Number	04/19/19 HEP BATCH 2	Invoice Date	04/19/2019
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
SALES TAX									
		STATE	\$0.48	COUNTY	\$0.08	CITY	\$0.00	DISTRICT	\$0.00
		OTHER	\$0.00			STO/EXP	TOTAL	TOTAL	TOTAL
		TOTAL	HANDLING	COLD CHAIN	HAZMAT	BULK	FREIGHT	FREIGHT	TAX
		\$1,392.07	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	\$8.00	\$0.68
									\$1,400.83

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
 PRICING IS CONFIDENTIAL AND PROPRIETARY.

McKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 1 of 2

RCHAP6519

Bill To: 4270149

Shipped From:
 MCKESSON MEDICAL-SURGICAL, INC.
 ORLANDO #11
 401 GILLS DRIVE SUITE#100
 ORLANDO, FL 32804

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

District License: 22-1023
 Shipped To: 4270157
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Regulatory License: ME38636
 Payment / Account Balance Inquires: 1-800-845-3870
 Phone:
 Customer Service Phone: 1-800-811-8528

Sales Order Number	31717460	Invoice Number	62465177
Sales Order Date	04/19/2018	Invoice Date	04/19/2018
PO Number	04/19/19 HEP BATCH 2	Payment Due Date	06/18/2019
Sales Rep Name	WILLIAMS, CRAIG C	Invoice Amount	\$1,400.83

Notes: See back for Terms and Conditions.
 Please contact us regarding electronic payment options at
MMS.Treasury@McKesson.com

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
772679	Vendor: SAKLPH NDC Num: 8 58160082652 011000830969 SHIPPED: 04/19/2019 Lot/Serial: 299K2	HAVRIX, SYR 144QUMIL 1ML PF (1 PO LN 1) Orlando 01/24/2022	2	PK	2	695.60	1391.20	.00	
	Vend Cat:	FUEL SURCHARGE	1	EA	1	.87	.87	.00	

Invoice

RCHAP6519

McKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Account Number	4270148	Date	04/19/2019
Document Number	62465177	Terms	AR NET 80
Pay This Amount Before	06/18/2019		\$1,400.83

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Please Rebill To:
 MCKESSON MEDICAL SURGICAL
 PO BOX 634404
 CINCINNATI OH 45263-4404

McKESSON
 McKesson Medical-Surgical
 9954 Mayland Drive Suite 4000
 Richmond, VA 23233

Invoice
 Page 2 of 2

RCHAP6519

Bill To: 4270149
 PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HWY 1
 JENSEN BEACH FL 34957

Shipped To:
 JOHN GRAVES SHEDD
 C/O CITY OF PORT ST LUCIE CLINIC
 2266 BEST ST
 PORT SAINT LUCIE FL 34984

Invoice Number	52455177	PO Number	04/19/19 HEP BATCH 2	Invoice Date	04/19/2019
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)		
S A L E S T A X											
		STATE	\$0.48	COUNTY	\$0.08	CITY	\$0.00	DISTRICT	\$0.50	OTHER	\$0.00
		SUB		STG/EXP		TOTAL		TOTAL		TOTAL	
		TOTAL		HANDLING		COLD CHAIN		HAZMAT		BULK	
		\$1,392.87		\$0.00		\$0.00		\$0.00		\$0.00	
						STD/EXP		FREIGHT		FREIGHT	
								\$8.00		\$8.00	
								TAX		\$0.68	
								TOTAL		\$1,400.83	

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.
 PRICING IS CONFIDENTIAL AND PROPRIETARY.

The City of Port St. Lucie
Labs April 2019

Lab	Date	Reference / Invoice	Amount
LabCorp	05/01/19	62250093	\$3,973.34
LabCorp	04/27/19	62509696	\$141.75
LabCorp	04/27/19	62510051	\$116.40
Quest	04/25/19	9181691892	\$149.24
Total:			\$4,380.73



INVOICE NUMBER		Burlington, North Carolina (800)343-4407		
ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
0909080	0082250083	05/01/19		3

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
*** CURRENT PERIOD ACTIVITY ***					
03/25/19	[REDACTED] MARTONE M 80088018623	908573204800	000810 Vitamin B12 and Folate 002021 Note 070195 Testosterone, Free+Tot 081950 Vitamin D, 25-Hydroxy	*TA *TA *BN *TA	6.80 0.00 52.75 10.50
03/26/19	[REDACTED] MARTONE M 80087973499	908575555380	001453 Hemoglobin A1c 001482 Please Note: 005009 CBC With Differential/ 010322 Prostate-Specific Ag, 070195 Testosterone, Free+Tot 303758 Lipid Panel	*TA *TA *TA *TA *BN *TA	2.50 0.00 1.90 3.00 52.75 3.40
			322000 Comp. Metabolic Panel 330015 Thyroid Cascade Profl 718555 Nicotine Metabolite, U	*TA *TA *U	2.90 3.50 21.00
03/28/19	[REDACTED] SPARKS L 80088121081	908773202420	008088 Presumptive ID 800001 Sensitivity Organism # 008088 Urine Culture, Compre 997800 Result	*TA *TA *TA *TA	0.00 4.90 13.20 0.00
03/28/19	[REDACTED] MARTONE M 80088100783	908775545140	006099 RPR 082345 T pallidum Screening C 083935 Panel 083935 183025 T pallidum Immunoblot 183194 Chlamydia/GC Amplifca	*BN *BN *BN *TA	1.80 35.00 10.50 26.80
03/29/19	[REDACTED] MARTONE M 80088129815	908875548040	001453 Hemoglobin A1c 001482 Please Note: 005009 CBC With Differential/ 010322 Prostate-Specific Ag, 303758 Lipid Panel	*TA *TA *TA *TA *TA	2.50 0.00 1.90 3.00 3.40
			322000 Comp. Metabolic Panel 330015 Thyroid Cascade Profl 718555 Nicotine Metabolite, U	*TA *TA *U	2.90 3.50 21.00
03/29/19	[REDACTED] MARTONE M 80088129822	908875548080	000820 Thyroid Panel With TSH 001453 Hemoglobin A1c 001482 Please Note: 005009 CBC With Differential/ 010322 Prostate-Specific Ag, 303758 Lipid Panel	*TA *TA *TA *TA *TA	8.30 2.50 0.00 1.90 3.00
			322000 Comp. Metabolic Panel 718555 Nicotine Metabolite, U	*TA *U	2.90 21.00
03/29/19	[REDACTED] Martone 80088130395	908875550780	001453 Hemoglobin A1c 001482 Please Note: 005009 CBC With Differential/ 303758 Lipid Panel	*TA *TA *TA *TA	2.50 0.00 1.90 3.40
			322000 Comp. Metabolic Panel 330015 Thyroid Cascade Profl 718555 Nicotine Metabolite, U	*TA *TA *U	2.90 3.50 21.00
03/30/19	[REDACTED] MARTONE M	908929145800	001453 Hemoglobin A1c 001482 Please Note:	*TA *TA	2.50 0.00



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ACCOUNT NUMBER	DATE	PURCHASE ORDER NO.	PAGE	
00090060	00062250093	05/01/19		4

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

RD1-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/01/19	S0088171148		005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			192047 Pap Lb, rfx HPV ASCU	*JT	20.00
04/01/19	5218 MARTONE M S0088209978	909108110370	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/01/19	MARTONE M S0088182300	909173202720	330015 Thyroid Cascade Profl	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
04/01/19	MARTONE M S0088182250	909173202900	322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
04/01/19	MARTONE M S0088182238	909175559930	303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/02/19	SPARKS L S0088244895	909273202880	005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*LJ	21.00
04/02/19	SPARKS L S0088238688	909273202900	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			070195 Testosterone, Free-Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
04/02/19	SPARKS L S0088237934	909273203000	322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			000820 Thyroid Panel With TSH	*TA	8.30
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/02/19	SPARKS L S0088238188	909273204020	005009 CBC With Differential/	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
04/02/19	SPARKS L S0088238188	909273204020	001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40



INVOICE NUMBER

Burlington, North Carolina
(800)343-4407

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
09099060	0086225093	05/01/19		5

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/02/19	[REDACTED]	909373203620	322000 Comp. Metabolic Panel	*TA	2.90
	SPARKS L B0088280427		322000 Comp. Metabolic Panel	*TA	2.90
04/03/19	[REDACTED]	909375585210	001453 Hemoglobin A1c	*TA	2.50
	SPARKS L B0088291313		001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/03/19	[REDACTED]	909375589040	330015 Thyroid Cascade Profil	*TA	3.50
	SPARKS L B0088289788		001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/03/19	[REDACTED]	909375570510	718555 Nicotine Metabolite, U	*LI	21.00
	SPARKS L B0088290104		001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*LI	21.00
04/04/19	[REDACTED]	909473202820	002311 Creatine Kinase (CK)	*TA	24.10
	MARTONE M B0088389718		006827 C-Reactive Protein, Qu.	*TA	3.70
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			322000 Comp. Metabolic Panel	*TA	2.90
			809778 Rheumatoid Factor (RF)	*IMMUN	48.50
04/04/19	[REDACTED]	909473204800	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M B0088341270		001482 Please Note:	*TA	0.00
			001974 Thyroxine (T4) Free, D	*TA	3.00
			004259 TSH	*TA	3.50
			005009 CBC With Differential/	*TA	1.90
			140285 Albumin/Creatinine Rat	*TA	8.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/04/19	[REDACTED]	909475580090	001180 Potassium	*TA	2.20
	MARTONE M B0088379845				
04/04/19	[REDACTED]	909475580370	008072 RPR	*TA	1.80
	MARTONE M B0088363825		008835 Hep Be Ab	*BN	62.75
			083935 Panel 083935	*TA	10.50
			140659 HCV Antibody	*TA	5.80
04/04/19	[REDACTED]	909475584580	008072 RPR	*TA	1.80
	MARTONE M B0088383032				



INVOICE NUMBER

Burlington, North Carolina
(800)343-4407

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
09099080	0082250093	05/01/19		8

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEM/PATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/04/19	MARTONE M S0088342261	909475581120	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			716555 Nicotine Metabolite, U	*LI	21.00
04/04/19	MARTONE M S0088342778	909475572880	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001974 Thyroxine (T4) Free, D	*TA	3.00
			004259 TSH	*TA	3.50
			010389 Triiodothyronine (T3),	*TA	4.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			140285 Albumin/Creatinine Rat	*TA	6.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
04/05/19	MARTONE M S0088392887	909529188880	001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			716555 Nicotine Metabolite, U	*LI	21.00
04/05/19	MARTONE M S0088414730	909529188880	006385 Hep B Surface Ab	*TA	3.00
04/05/19	MARTONE M S0088392329	909529188970	000620 Thyroid Panel With TSH	*TA	8.30
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
04/05/19	MARTONE M S0088399520	909529171180	322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
04/05/19	MARTONE M S0088415084	909529174040	322000 Comp. Metabolic Panel	*TA	2.90
			001382 Creatine Kinase, Total	*TA	2.20
			003129 Proth-CreatU (Random)	*TA	5.90
			005009 CBC With Differential/	*TA	1.90
			005215 Sedimentation Rate-Wee	*TA	2.20
			006452 Complement C3, Serum	*TA	3.40
			006827 C-Reactive Protein, Qu	*TA	3.70
			006339 Anti-dsDNA Antibodies	*TA	6.80
			322000 Comp. Metabolic Panel	*TA	2.90
			333328 Microscopic Examinatio	*TA	0.00
04/06/19	MARTONE M	909529149830	377038 UAM w/In Culture, R	*TA	3.80
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40



INVOICE NUMBER		Burlington, North Carolina (800)343-4407		
ACCOUNT NUMBER	DATE	PURCHASE ORDER NO.	PAGE	
09090580	00062250093	05/01/19		7

REPORT ID

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2285 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/08/19	S0088435755 [REDACTED] MARTONE M S0088435830	909829149930	322000 Comp. Metabolic Panel	*TA	2.90
			001158 TS Uptake	*TA	2.20
			005009 CBC With Differential/	*TA	1.90
			024028 T4 and TSH	*TA	8.20
			184982 ANA w/Reflex	*TA	3.00
04/08/19	[REDACTED] MARTONE M S0088435873	909829150130	322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
04/08/19	[REDACTED] MARTONE M S0088436187	909829151530	322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/08/19	[REDACTED] MARTONE M S0088436187	909829151530	001978 Thyroxine (T4) Free, D	*TA	3.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			010360 T3Free	*TA	0.00
			303758 Lipid Panel	*TA	3.40
04/08/19	[REDACTED] MARTONE M S0088448892	909873204250	322000 Comp. Metabolic Panel	*TA	2.90
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/08/19	[REDACTED] MARTONE M S0088448892	909873204250	718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
04/08/19	[REDACTED] MARTONE M S0088486778	909875552980	322000 Comp. Metabolic Panel	*TA	2.90
			005009 CBC With Differential/	*TA	1.90
			322000 Comp. Metabolic Panel	*TA	2.90
			333328 Microscopic ExamineHo	*TA	0.00
			377036 UAM w/rtc Culture, R	*TA	3.80
04/08/19	[REDACTED] MARTONE M S0088447738	909875553000	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/08/19	[REDACTED] MARTONE M S0088448785	909875580320	330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
04/08/19	[REDACTED] MARTONE M S0088447738	909875580320	303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
04/08/19	[REDACTED] MARTONE M S0088483575	909875587180	001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40



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R E P O R T

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2286 BEST STREET
PORT SAINT LUCIE, FL 34984

RD1-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

I N V O I C E

DATE	TEMPATENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/08/19	[REDACTED] MARTONE M 80088498518	909973210730	322000 Comp. Metabolic Panel	*TA	2.90
			008088 Urine Culture,Comprehe	*TA	13.20
			997800 Result	*TA	0.00
04/09/19	[REDACTED] MARTONE M 80088535714	909973208210	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/09/19	[REDACTED] MARTONE M 80088502180	909975555880	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/09/19	[REDACTED] MARTONE M 80088543551	909975578870	718555 Nicotine Metabolite, U	*LI	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			322000 Comp. Metabolic Panel	*TA	2.90
			333328 Microscopic Examination	*TA	0.00
			377038 UAM w/rtc Culture, R	*TA	3.80
04/10/19	[REDACTED] MARTONE M 80088559484	910073203080	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/10/19	[REDACTED] MARTONE M 80088559484	910073203081	330015 Thyroid Cascade Profl	*TA	3.50
			070195 Testosterone, Free+Tot	*BN	62.75
			977900 Written Authorization	*TA	0.00
04/10/19	[REDACTED] MARTONE M 80088581233	910073203090	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/10/19	[REDACTED] MARTONE M 80088558973	910075552730	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*LI	21.00
04/11/19	[REDACTED]	910173206540	008395 Hep B Surface Ab	*TA	3.00



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REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34954

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/11/19	MARTONE M B0088544488	91017320830	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	SPARKS L B0088609240		005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/11/19		910173211840	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	SPARKS L B0088609515		001977 Thyroxine (T4) Free, D	*TA	3.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/12/19		910273202980	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	MARTONE M B0088880389		005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
			333328 Microscopic Examinatio	*TA	0.00
			377036 UAM w/flu Culture, R	*TA	3.80
04/12/19		910273202970	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	MARTONE M B0088880157		005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/12/19		910273202990	000820 Thyroid Panel With TSH	*TA	8.30
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	MARTONE M B0088880121		005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/13/19		910329147990	008088 Urine Culture,Complete	*TA	13.20
			997800 Result	*TA	0.00
	SPARKS L B0088703743				
04/13/19		910329150140	005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profl	*TA	3.50
04/15/19		910575558280	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
	MARTONE M B0088714845		005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00



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PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

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PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/15/19	██████████	91087558530	718555 Nicotine Metabolite, U	*U	21.00
	SPARKS L		001503 Vitamin B12	*TA	3.40
	80088753428		005009 CBC With Differential/	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/16/19	██████████	910873204640	008395 Hep B Surface Ab	*TA	3.00
	MARTONE M				
	80088779563				
04/16/19	██████████	910873204720	180325 Lyme, Total Ab Test/Rta	*BN	83.50
	MARTONE M				
	80088806088				
04/16/19	██████████	910873204730	008088 Urine Culture,Complete	*TA	13.20
	MARTONE M		997900 Result	*TA	0.00
	80088788050				
04/16/19	██████████	910873204740	005009 CBC With Differential/	*TA	1.90
	MARTONE M		007758 Lithium (Equivalt/Rt),	*TA	22.77
	80088781188		303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/16/19	██████████	910873204750	001503 Vitamin B12	*TA	3.40
	MARTONE M		008627 C-Reactive Protein, Qu	*TA	3.70
	80088774073		081950 Vitamin D, 25-Hydroxy	*TA	10.50
04/16/19	██████████	910875558080	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M		001482 Please Note:	*TA	0.00
	80088774254		003038 Urinalysis, Routine	*TA	3.20
			004259 TSH	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/16/19	██████████	910875558220	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M		001482 Please Note:	*TA	0.00
	80088775124		005009 CBC With Differential/	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/16/19	██████████	910875567850	322000 Comp. Metabolic Panel	*TA	2.90
	MARTONE M				
	80088818561				
04/16/19	██████████	910875579220	008088 Urine Culture,Complete	*TA	13.20
	MARTONE M		997900 Result	*TA	0.00
	80088793724				



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 EMPLOYEE CLINIC
 2288 BEST STREET
 PORT SAINT LUCE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
 3405 NW FEDERAL HIGHWAY
 JENSEN BEACH, FL 34957

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04/17/19	SPARKS L 80088827025	910773202830	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			000810 Vitamin B12 and Folate	*TA	8.80
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/17/19	CXC0009080 Sparks	910773252480	001974 Thyroxine (T4) Free, D	*TA	3.00
			002021 Note:	*TA	0.00
			004259 TSH	*TA	3.50
			005009 CBC With Differential	*TA	1.90
			011884 Please Note:	*TA	0.00
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			235010 Lipid Panel With LDL/H	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			005009 CBC With Differential	*TA	1.90
			008848 Urine Culture, Routine	*TA	4.90
04/17/19	MARTONE M 80088852828	910775551480	020321 PT and PTT	*TA	4.30
			322000 Comp. Metabolic Panel	*TA	2.90
			333328 Microscopic Examinatio	*TA	0.00
			377038 UAM w/Flx Culture, R	*TA	3.80
			001057 Uric Acid	*TA	2.20
			001081 Please Note:	*TA	0.00
			001521 Iron and TIBC	*TA	4.70
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
04/17/19	SPARKS L 80088825102	910775551800	001974 Thyroxine (T4) Free, D	*TA	3.00
			004259 TSH	*TA	3.50
			004598 Ferritin, Serum	*TA	3.00
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			322755 Hepatic Function Panel	*TA	0.34
			001073 Protein, Total	+*TA	0.00
			001081 Albumin	+*TA	0.00
04/17/19	SPARKS L 80088856808	910775555790	001089 Bilirubin, Total	+*TA	0.00
			001107 Alkaline Phosphatase	+*TA	0.00
			001123 AST (SGOT)	+*TA	0.00
			001545 ALT (SGPT)	+*TA	0.00
			333328 Microscopic Examinatio	*TA	0.00
			377038 UAM w/Flx Culture, R	*TA	3.80
			718555 Nicotine Metabolite, U	*U	21.00
			005009 CBC With Differential	*TA	1.90
			322000 Comp. Metabolic Panel	*TA	2.90
			333328 Microscopic Examinatio	*TA	0.00



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PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

RD1-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

I N V O I C E

DATE	INPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/17/19	SPARKS L 80088826762	91077558770	377038 UAM w/rfx Culture, R	*TA	3.80
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/18/19	MARTONE M 80088877148	910875542280	005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
04/18/19	MARTONE M 80088878203	910875543390	303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/18/19	MARTONE M 80088878891	910875552530	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			224578 TSH-Free T4	*TA	8.80
			303758 Lipid Panel	*TA	3.40
04/18/19	MARTONE M 80088908789	910875554880	322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
04/18/19	MARTONE M 80088908418	910875589890	005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/19/19	MARTONE M 80088927414	910973202340	330015 Thyroid Cascade Profi	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profi	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			006395 Hep B Surface Ab	*TA	3.00



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REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2286 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/19/19	MARTONE M 80088926875	910973202370	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
	MARTONE M 80088927966		005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/19/19	MARTONE M 80088927169	910973202410	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/19/19	MARTONE M 80088933031	910973202420	005009 CBC With Differential	*TA	1.90
			322758 Basic Metabolic Panel	*TA	2.50
			333328 Microscopic Examinatio	*TA	0.00
			377058 UAM w/fix Culture, R	*TA	3.80
04/19/19	MARTONE M 80088931231	910973202440	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag.	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			716555 Nicotine Metabolite, U	*LI	21.00
04/19/19	MARTONE M 80088951029	910973202460	716555 Nicotine Metabolite, U	*LI	21.00
04/20/19	MARTONE M 80088959767	911029146180	000820 Thyroid Panel With TSH	*TA	6.30
04/20/19	MARTONE M 80088960174	911029146170	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/20/19	MARTONE M 80088959837	911029146860	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			096230 EBV Ab VCA, IgG	*TA	87.25
			303758 Lipid Panel	*TA	3.40



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REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

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PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/20/19	[REDACTED] MARTONE M 8008895882	911029148670	322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			001977 Thyroxine (T4) Free, D	*TA	3.00
			005009 CBC With Differential/	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/20/19	[REDACTED] MARTONE M 80088958943	911029149040	330015 Thyroid Cascade Profil	*TA	3.50
			330018 Thyroid Peroxidase (TP	TA	29.04
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential/	*TA	1.90
			303758 Lipid Panel	*TA	3.40
04/22/19	[REDACTED] MARTONE M 80088958049	911029149050	322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			005009 CBC With Differential/	*TA	1.90
			070195 Testosterone, Free+Tot.	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential/	*TA	1.90
04/22/19	[REDACTED] MARTONE M 80088975732	911375548790	006395 Hep B Surface Ab	*TA	3.00
			010322 Prostate-Specific Ag,	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			149997 Albumin, Random Urine	*TA	3.20
			303758 Lipid Panel	*TA	3.40
04/23/19	[REDACTED] MARTONE M 80089034387	911373204320	322000 Comp. Metabolic Panel	*TA	2.90
			G08088 Presumptive ID	*TA	0.00
			S00001 Sensitivity Organism #	*TA	4.90
			008088 Urine Culture,Comprehe	*TA	13.20
			997800 Result	*TA	0.00
			008187 Rubella Antibodies, Ig	*TA	2.80
			008635 Hep Be Ab	*BN	62.75
			008208 Varicella-Zoster V Ab,	*TA	4.10
			008580 Rubella Antibodies, Ig	*TA	3.00
			010322 Prostate-Specific Ag,	*TA	3.00
04/23/19	[REDACTED] MARTONE M 80089042749	911373204430	008187 Rubella Antibodies, Ig	*TA	2.80
			008635 Hep Be Ab	*BN	62.75
			008208 Varicella-Zoster V Ab,	*TA	4.10
			008580 Rubella Antibodies, Ig	*TA	3.00
			010322 Prostate-Specific Ag,	*TA	3.00



INVOICE NUMBER		Burlington, North Carolina (800)343-4407		
ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
00089080	0082250093	05/01/19		15

R E P O R T I D

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

RD1-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

I N V O I C E T O

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/23/19	MARTONE M 80089038592	911375548220	00820 Thyroid Panel With TSH	*TA	8.30
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			718555 Nicotine Metabolite, U	*U	21.00
04/23/19	MARTONE M 80089024391	911375548400	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/23/19	MARTONE M 80089020778	911375548410	00820 Thyroid Panel With TSH	*TA	8.30
			001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			718555 Nicotine Metabolite, U	*U	21.00
04/23/19	MARTONE M 80089027802	911375551580	005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/23/19	MARTONE M 80089032400	911375555470	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/23/19	MARTONE M 80089023898	911375573170	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			010322 Prostate-Specific Ag,	*TA	3.00
			070195 Testosterone, Free+Tot	*BN	52.75
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*U	21.00
04/24/19	CKZ0909080 Martone	911473253290	008072 RPR	*TA	1.80
			008510 HBsAg Screen	*TA	2.80



INVOICE NUMBER

Burlington, North Carolina
(800)843-4407

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
00099060	00062250093	05/01/19		18

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2288 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEM/PATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
			006734 Hep A Ab, IgM	*TA	2.80
			083935 Panel 083935	*TA	10.50
			144030 Interpretation:	*TA	0.00
			144050 HCV Antibody RFX to Qu	*TA	88.00
			184922 HSV 1 and 2-Spec Ab, I	*TA	30.00
			185180 HSV 1 and 2 IgM Abs, I	*BN	96.50
			322777 Renal Panel (10)	*TA	2.80
04/24/19	[REDACTED]	911475548230	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M 80089075143		001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*LI	21.00
04/25/19	[REDACTED]	911573202580	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M 80089130584		001482 Please Note:	*TA	0.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/25/19	[REDACTED]	911573202880	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M 80089130912		001482 Please Note:	*TA	0.00
			001503 Vitamin B12	*TA	3.40
			005009 CBC With Differential	*TA	1.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
04/25/19	[REDACTED]	911573202730	008342 Upper Respiratory Cult.	*TA	65.25
	MARTONE M 80089131147		189902 Test Code Change	*TA	0.00
			997802 Result	*TA	0.00
04/25/19	[REDACTED]	911573202750	Q08086 Presumptive ID	*TA	0.00
	MARTONE M 80089137824		800001 Sensitivity Organism #	*TA	4.90
			008086 Urine Culture,Comprehe	*TA	13.20
			997800 Result	*TA	0.00
04/25/19	[REDACTED]	911575547800	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M 80089130559		001482 Please Note:	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
			330015 Thyroid Cascade Profil	*TA	3.50
			718555 Nicotine Metabolite, U	*LI	21.00
04/25/19	[REDACTED]	911575557580	006620 Thyroid Panel With TSH	*TA	8.50
	MARTONE M 80089148634		001503 Vitamin B12	*TA	3.40
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
04/26/19	[REDACTED]	911829158890	001453 Hemoglobin A1c	*TA	2.50
	MARTONE M 80089175193		001482 Please Note:	*TA	0.00
			303758 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/28/19	[REDACTED]	911829158700	005009 CBC With Differential	*TA	1.90
	MARTONE M 80089192066		006726 Hep A Ab, Total	*TA	3.80
			322000 Comp. Metabolic Panel	*TA	2.90



INVOICE NUMBER		Burlington, North Carolina (800)343-4407		
ACCOUNT NUMBER	DATE	PURCHASE ORDER NO.	PAGE	
00090260	05/01/19		17	

REPORT TO

PSL MEDICAL PROVIDER, INC.
EMPLOYEE CLINIC
2266 BEST STREET
PORT SAINT LUCIE, FL 34984

R01-FLB

PSL MEDICAL PROVIDER INC
3405 NW FEDERAL HIGHWAY
JENSEN BEACH, FL 34957

INVOICE TO

DATE	ITEMPATIENT	NUMBER	DESCRIPTION	CODES	AMOUNT
04/26/19	MARTONE M B0089178841	911629158760	001974 Thyroxine (T4) Free, D	*TA	3.00
			004259 TSH	*TA	3.50
			005009 CBC With Differential	*TA	1.90
			010388 Triiodothyronine (T3)	*TA	4.90
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
			322000 Comp. Metabolic Panel	*TA	2.90
04/28/19	MARTONE M B0089175272	911673203810	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			001974 Thyroxine (T4) Free, D	*TA	3.00
			004259 TSH	*TA	3.50
			149997 Albumin, Random Urine	+*TA	0.00
			303756 Lipid Panel	*TA	3.40
04/28/19	MARTONE M B0089174741	911673203850	322000 Comp. Metabolic Panel	*TA	2.90
			303756 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/28/19	MARTONE M B0089175309	911673203880	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			322000 Comp. Metabolic Panel	*TA	2.90
04/26/19	MARTONE M B0089182650	911673203880	001503 Vitamin B12	*TA	3.40
			081950 Vitamin D, 25-Hydroxy	*TA	10.50
04/27/19	MARTONE M B0089216092	911729148370	001453 Hemoglobin A1c	*TA	2.50
			001482 Please Note	*TA	0.00
			005009 CBC With Differential	*TA	1.90
			303756 Lipid Panel	*TA	3.40
			322000 Comp. Metabolic Panel	*TA	2.90
04/27/19	MARTONE M B0089216781	911729148170	330015 Thyroid Cascade Profil	*TA	3.50
			149997 Albumin, Random Urine	*TA	3.20
* This test or portion of the above profile could not be performed and pricing has been adjusted as appropriate.					
Current Period Subtotal					3,973.34
Your discount rate of 56.00 percent has already been applied to each line item without an asterisk (*) in the codes column. (Asterisk indicates a non-discounted item.)					
CURRENT PERIOD TOTAL					<u>3,973.34</u>



Occupational Testing Services
 Burlington, North Carolina
 888-682-6868

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
83607243	00062509696	04/27/2019		3

RD4-FLB

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STUART URGENT CARE
 ATTN: OLGA
 3405 NW FEDERAL HWY
 JENSEN BEACH, FL 34957

Sample Detail

SS #	SAMPLE ID/ACCESSION #	REFERENCE # / DATE	DONOR / DESCRIPTION	AMOUNT
ACCOUNT:	83607243	CITY OF PT ST LUCIE EMPLOYEES		
LOCATION:	350724			
000-00-0000	3598	0038987152 911584008100	04/23/2019 3598, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	7080	0038987160 911584008110	04/23/2019 7080, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	3381	0038987178 911584008120	04/23/2019 3381, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	7651	0038987186 911584008130	04/23/2019 7651, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	0590	0038987202 911584008140	04/23/2019 0590, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	0819	0038987210 911584008150	04/23/2019 0819, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
000-00-0000	5202	0038987228 911884004720	04/24/2019 5202, 708778 MRO Fee \$5.25 788872 788872 10+Crt+ph-Sund \$15.00	
LOCATION TOTAL:	350724		SAMPLES: 7	\$141.75
ACCOUNT TOTAL:	83607243		SAMPLES: 7	\$141.75
PO BOX 12140 BURLINGTON, NC 27216-2140 (888) 682-6868 TAX ID# 13-3767370				



Occupational Testing Services
 Burlington, North Carolina
 888-682-6868

ACCOUNT NUMBER	INVOICE NUMBER	DATE	PURCHASE ORDER NO.	PAGE
83507233	00062510051	04/27/2019		3

RD4-FLB

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STUART URGENT CARE
 ATTN: OLGA
 3405 NW FEDERAL HWY
 JENSEN BEACH, FL 34957

Sample Detail

SS #	SAMPLE ID/ACCESSION #	REFERENCE # / DATE	DONOR / DESCRIPTION	AMOUNT
ACCOUNT:	83507233	CITY OF PT ST LUCIE EMPLOYEES		
LOCATION:	350723			
000-00-0000	8114	0036287078 811595301790	04/23/2019 8114, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
000-00-0000	4735	0036288241 811595301800	04/23/2019 4735, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
000-00-0000	8898	0036288258 811595301810	04/23/2019 8898, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
000-00-0000	5177	0036288288 811595301820	04/23/2019 5177, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
000-00-0000	0284	0036288274 811595301830	04/23/2019 0284, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
000-00-0000	8251	0036288290 811595301840	04/23/2019 8251, 708392 Drug Abuse, DOT-Bund 708780 MRO DOT Fee	\$14.15 \$5.25
LOCATION TOTAL:	350723		SAMPLES: 6	\$116.40
ACCOUNT TOTAL:	83507233		SAMPLES: 6	\$116.40
PO BOX 12140 BURLINGTON, NC 27216-2140 (888) 682-6868 TAX ID# 13-3767370				



PSL MEDICAL PROVIDERS
 3405 NW FEDERAL HWY
 JENSEN BEACH, FL 34957

Balance as of:	Amount Due:
05/10/2019	\$0.00

Client Number: 66009360 Lab Code: TAM Invoice Number: S1816S1892 Original Statement Date: 4/25/2019
 Client Name: PSL MEDICAL PROVIDERS
 Terms: 15
 Protocol Number: N/A
 PO Number:

Date of Collection	Specimen Number	Patient Name	Patient ID	Laboratory Service	CPT#	Service Code	Amount
PSL MEDICAL PROVIDERS- 66009360							
2266 SW BEST ST							
PORT ST LUCIE, FL 34984							
03/29/2019	0958390			HEP B SURF AB WCONF	87340	0000498	\$9.00
				HEP B SURF AB QL	86708	0000499	\$35.64
				HEP A AB, TOTAL	86708	0000508	\$10.25
				HEP DELTA VIRUS AB	88802	0004900	\$35.00
				HEP C AB WREFL HCV	88803	0008472	\$14.35
				HEP E (IGG)IGM	86790 86790	0015085	\$45.00
PATIENT TOTAL							\$148.24
Referring Client Subtotal							\$148.24
05/03/2019				Payment OKYAIKODV			\$(148.24)

IMAGING & EQUIPMENT SUPPORT - April		
Teleradiology		
Invoice Date	Invoice #	Amount
4/30/2019	25377	\$306.00
Total:		\$306.00

Teleradiology SPECIALISTS LLC
 PO Box 205869
 Dallas, TX 75320-5869
 (888) 819-0808
 kim@teleradiologyspecialists.com

Invoice

BILL TO
 Dr Michael Adelberg
 PSL Medical Provider, Inc.
 2266 Best Street
 Port Saint Lucie, FL 34984

INVOICE # 25377
DATE 04/30/2019
DUE DATE 06/14/2019
TERMS Net 45

TOTAL BP
 36

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2019	Reads April 2019 reads	36	8.50	306.00

Please contact our Accounting Dept. to enroll in ACH payments. We also accept online payment. Just follow the 'Pay now' link on the invoice to pay by check or credit card. **BALANCE DUE \$306.00**

The rate shown above is the average rate per read and may not represent the contracted study fee.


We appreciate your business! -The TS Team

The City of Port St. Lucie
MEDICAL WASTE REM. March and April 2019

	Date	Invoice #	Amount
Trilogy	2/28/2019	162436	\$30.00
	3/31/2019	187490	\$30.00

Total: \$60.00

Biowaste was bought out by Trilogy and the price will not increase.




Trilogy Southeast Region
8582 Katy Fwy Suite 250
Houston, TX 77024

INVOICE # 162438
ACCOUNT # 3309996
DATE February 28, 2019
DUE March 30, 2019

Site 396119 - City of PSL Employee Clinic - 2266 SW Best St


MANIFEST #	DATE	DESCRIPTION	QTY	UNIT RATE	TOTAL
142011	02/21/2019	RMW Corrugated Box Per Container	1	30.00	30.00
Invoice Total					\$30.00



(713) 300-1880
Trilogy Southeast Region
8582 Katy Fwy Suite 250
Houston, TX 77024

INVOICE # 162436
ACCOUNT # 3309996
DATE February 28, 2019
DUE March 30, 2019
AMOUNT \$30.00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

 ⁸⁰⁰ Treasure Coast Medical Associates
3405 NW Federal Hwy
Jensen Beach FL 34957

MAKE ALL CHECKS PAYABLE TO:
 TRIOLOGY MEDWASTE SOUTHEAST LLC
 PO BOX 870650
 DALLAS, TX 75267



INVOICE # 187490
 ACCOUNT # 3309996
 DATE March 31, 2019
 DUE April 30, 2019

Site 396119 - City of PSL Employee Clinic - 2266 SW Best St

MANIFEST #	DATE	DESCRIPTION	QTY	UNIT RATE	TOTAL
142012	03/21/2019	RMW Corrugated Box Per Container	1	30.00	30.00
Invoice Total					\$30.00

PLEASE RETURN THE PORTION WITH YOUR PAYMENT.



INVOICE # 187490
 ACCOUNT # 3309996
 DATE March 31, 2019
 DUE April 30, 2019
 AMOUNT \$30.00

Treasure Coast Medical Associates
 3405 NW Federal Hwy
 Jensen Beach FL 34957

MAKE ALL CHECKS PAYABLE TO:
 TRIOLOGY MEDWASTE SOUTHEAST LLC
 PO BOX 870650
 DALLAS, TX 75287

The City of Port St. Lucie
 HRA FEES APRIL 2019

Healthstatus.com (23) done @ \$7.00 each \$161.00
Total: **\$161.00**

The City of Port St. Lucie			
HealthStatus Group Report Data - Health Risk			
4/1/2019			
	db_emplo	staid	sex
1	8074430	/8074430	Male \$7.00
2	8074430	/8074430	Female \$7.00
3	8074430	/8074430	Female \$7.00
4	8074430	/8074430	Female \$7.00
5	8074430	/8074430	Female \$7.00
6	8074430	/8074430	Male \$7.00
7	8074430	/8074430	Male \$7.00
8	8074430	/8074430	Female \$7.00
9	8074430	/8074430	Female \$7.00
10	8074430	/8074430	Male \$7.00
11	8074430	/8074430	Female \$7.00
12	8074430	/8074430	Female \$7.00
13	8074430	/8074430	Female \$7.00
14	8074430	/8074430	Male \$7.00
15	8074430	/8074430	Male \$7.00
16	8074430	/8074430	Male \$7.00
17	8074430	/8074430	Male \$7.00
18	8074430	/8074430	Male \$7.00
19	8074430	/8074430	Male \$7.00
20	8074430	/8074430	Female \$7.00
21	8074430	/8074430	Female \$7.00
22	8074430	/8074430	Female \$7.00
23	8074430	/8074430	Male \$7.00
			Total: \$161.00

The City of Port St. Lucie			
OFFICE SUPPLIES - April 2019			
Company	Date	Description	Amount
Publix	4/8/2019	Water	\$4.49
Staples	4/9/2019	Paper, Calendar, CDs, CD Sleeves, Colored Paper	\$271.11
MD Supplies	4/17/2019	Prescription Paper	\$153.25
TOTAL			\$428.85





Questions about your order?
 Visit our Help Center at
www.staples.com/help-center

REFER TO THIS ORDER NO. FOR ALL INQUIRIES

CUSTOMER NO.	SHIP DATE	ORDER NO.
4241173352	4/09/19	9798557459-000001
PURCHASE ORDER NO.		RELEASE NO.
COST CENTER		REQUISITIONER

Staples

SHIPPING LOCATION: Florida Fulfillment Center

CARRIER ROUTE: ORL/COU /41

TOTAL PACKAGES: 1

PAGE: 1

*Recvd
 4/10/19
 (Signature)*

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CPSL EMPLOYEE HEALTH CLINIC
 LYNDA RIVERS
 2266 SW BEST ST
 PORT ST LUCIE, FL 34984
 Contact: (772)807-4430 - LYNDA RIVERS

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SPECIAL INSTRUCTIONS
 96.00

Line	ITEM NUMBER	ITEM / MODEL DESCRIPTION / NUMBER	UNIT of MEAS	QTY ORDERED	QTY SHIPPED	Staples Price	Extended Amount
1	1149611	Staples Multiuse 85 x 11 Multi/26860-CC	CT	4	4	55.99	223.96
2	24368067	20192020 48H x 36W Staples Aca/54274-19	EA	1	1	37.95	37.95
3	452556	Staples 700MB 80MIN 52X CDR Sp/10366	PK	1	1	37.79	37.79
4	679481	Staples Pastel Colored Copy Pa/14804	PK	2	2	18.49	36.98
5	706255	Quality Park TechNoTear Sleeve/QUA77203	BX	1	1	25.49	25.49
Merchandise Total.....							362.17
Delivery.....							.00
Coupon Credit.....							108.80CR
Tax.....							17.74

Coupon discounts are prorated across all items purchased. Applicable refunds will not include the prorated coupon amount. Check your order status online by going to www.Staples.com and clicking on "Track Order".							

NOTICE NEW PACKAGING & NEW PRODUCT OPTIONS TO BETTER SERVE YOUR BUSINESS NEEDS.		PAYMENT METHOD: AM	TOTAL VALUE OF ORDER: 271.11
---	--	--------------------	------------------------------

001 **Thank You For Your Order! Staples, Inc.** THIS IS NOT AN INVOICE

SC5

Thank you for your order, Lynda

[Print Order](#) [Cancel](#)

A confirmation email will be sent to you at clinic@cpslhealth.com with your complete order details.

Order Number: 9798557459

Placed on: April 9, 2019

Shipping address

Cpsl Employee Health Clinic
Lynda Rivers
2266 Sw Best St
Port St Lucie, FL 34984

Order sub-total: \$362.17
Coupons: -\$108.80
Shipping: FREE
Estimated Tax: \$17.74

Payment methods

Amex Card ending in 1311
Lynda Rivers, Jensen Beach, FL 34957

Total: \$271.11

**Staples®
Membership
programs.**
Built for your business.




Let us help you
choose the right
program for you.

[LEARN MORE](#)

Need to cancel this order? Note: Most orders can be cancelled within **30 minutes**.

[Hide Order details](#)

Expected delivery by April 10, 2019 2266 Sw Best St, Port St Lucie, FL

	Staples Multiuse 8.5" x 11" Multipurpose Paper, 20 lbs., 94 Brightness, 500/Ream, 8 Reams/Carton (26860-CC)	Qty. 4 ✓	\$127.96 \$223.96
	2019-2020 48"H x 36"W Staples Academic Erasable Yearly Wall Calendar, 12 Months, Red (54274-13)	Qty. 1 ✓	\$37.95
	Staples 700MB 80MIN 52X CD-R Spindle, 100/Pack (10366)	Qty. 1 ✓	\$35.99 \$37.99
	Quality Park Tech-No-Tear Sleeves for CD/DVD, White Paper, 100/Box (QUA77203)	Qty. 1 ✓	\$25.49
	Staples Pastel Colored Copy Paper, 8 1/2" x 11", Assorted Colors, 400/Pack (14804)	Qty. 2 ✓	\$25.98 \$36.98

5/10/2019

MDSupplies



MDSupplies
8930 W State Road 84, STE 222
Davie FL 33324

Invoice: FPJ7BJKCSY \$153.25

Customer #: 66009
Date: 5/10/2019
Due Date: **4/13/2019**
Amount Due: 153.25 USD



Questions about this invoice?
support@mdsupplies.com
Fax: (866) 856-8905
Phone: (800) 437-2089



TCMAI-PSL MEDICAL PROVIDERS, INC.
2366 SW BEST ST
PORT ST LUCIE FL 34984-0307

PSL MEDICAL PROVIDERS
Shipped To: 2366 SW BEST ST
PORT ST LUCIE FL 34984-0307



Mail or Fax this form to: (866) 856-8905

Account: TCMAI-PSL Medical Providers, Inc.

Location: PSL MEDICAL PROVIDERS (PORT ST LUCIE FL)

Permanent Link to Invoice: <https://www.mediaproviders.com/InvoiceDetails/InvoiceDetails.aspx?InvoiceID=217000002>

Qty	Item	Order Qty	Price	Unit Price	Total	Notes
2	2X System - 2706 "Touch" 2nd-Printer Mod, 2in-1118 200705-03080 EA	2	104.00	104.00	208.00	
	287001 Shipping Fee Shipping will be based on weight and destination. USD 0.17 EST DATED to calculate TSA. Balances may apply. Outgoing regard: 2RD DAX, CNR, 1820 0701 080008 0000		104.00	104.00	104.00	
			207040	207040	207040	
			Free and Shipping:	204.00	204.00	
			Sub Total:	204.00	204.00	
			Tax Total:	204.00	204.00	
			Total Due:	204.00	204.00	

Number of Shipments for this order: 1

Order	Tracking	Shipped	Delivered
217000002	4182119	4190219	

How to pay this invoice:

- By Check:** Send check for \$153.25 payable to MDSupplies and Service, Inc to: MDSupplies and Service, Inc
8930 W State Road 84, Ste 222
Davie FL 33324
- By Credit Card:** Card Number: _____
Expiration Date: ____/____/____ Verification Digit: ____
Name on Card: _____
Billing Address: _____
Signature: _____

Mail or Fax this form to: 866-856-8905

The City of Port St. Lucie
Medical VIP Answering Serv. April 2019

Answering Service	Invoice Date	Invoice #	Amount
	4/11/2019	8010957383	\$85.87

Totals: \$86.87

Stericycle Communication Solutions

CITY OF PSL CUSTOMER #: 9902344

INVOICE #: 8010957383

PAGE: 2 of 2

INVOICE DATE: 04/11/2019

DATE	QUANTITY	DESCRIPTION	PRICE	TOTAL
Site 001: City of PSL, Attn: Accounts Payable Dept., 3405 NW Federal HWY, Jensen Beach, FL 34957				
Site 002: City of PSL, Attn: Accounts Payable Dept., 3405 NW Federal HWY, Jensen Beach, FL 34957				
04/01/2019	1.00	Monthly Base Answer Rate	\$06.300 EA	\$06.30
04/01/2019	1.00	Monthly Comp/Rag Use Fee-ANS	\$0.990 EA	\$0.99
05/01/2019	34.00	Ans. Excess Op Time with Wrap	\$0.940 EA	\$31.96
		Site 002: SUB TOTAL		\$120.25
		Site 002: TAX TOTAL		\$0.00
		Site 002: TOTAL		\$120.25
TOTAL CURRENT INVOICE CHARGES				-4488.46-

\$85.87

14. The X-Ray equipment is owned by the City, how will your firm propose to maintain the equipment, including the on-going maintenance?

TCMAi will continue to maintain the equipment utilizing a 3rd party vendor to service the equipment.

15. Please indicate all payment terms and conditions.

TCMAi's invoice is a 2-part invoice. The first involves calculating the administrative fee (\$18.00 PEPM). The City of Port St. Lucie will continue to provide a list of eligible employees on the 1st of each month, the total number of employees will be invoiced payable within 14 days of receipt.

The pass-through costs invoice will be presented to the City of Port St. Lucie no later than the 15th of the month for the preceding month, payable within 14 days of receipt. Each itemized invoice will include supporting documentation. We will accept EFTs or checks from the City's Office.

16. Please detail your contract opt-out period and specify if it may be initiated with or without cause, or both.

The City of Port St. Lucie and TCMAi shall have the right to terminate this Agreement, in whole or in part, with or without cause, and for its convenience, upon ninety (90) days written notice to either party.



The City of Port St. Lucie and TCMAi shall have the right to terminate this Agreement, with cause, upon the default by the other party of any term, covenant or condition of this Agreement, where such default continues for a period of thirty (30) business days after the defaulting party receives written notice from the other party specifying the existence of the default, or beyond the time reasonable necessary for cure if the default is of a nature to require more than thirty (30) business days to remedy and the defaulting party is making diligent, good faith efforts to cure such default.

17. Please provide a breakdown of potential savings, including medical and prescription drug claims, to the medical plan by offering on-site services through your firm.

Current savings report from the Gehring Group.

January '15 – April '18 Return on Investment Analysis

Item	EHC Utilization as Reported	Average FI Blue Plan Cost	Cost Avoidance	Average EHC COST	Total EHC Cost	Return on Investment
Acute/Episodic	12,961	\$115	\$1,498,647	\$106	\$1,398,621.15	1.07:1
Wellness/Chronic	10,651	\$115	\$1,219,438	\$106	\$1,158,508.82	1.05:1
Physicals/School/Pre Employment	962	\$115	\$101,104	\$106	\$109,372.67	0.92:1
Laboratory	3,219	\$160	\$519,151	\$55	\$176,398.29	2.94:1
Occupational Health & Randoms	2,549	\$771	\$1,964,846	\$106	\$276,327.39	7.11:1
Worker's Compensation	1,155	\$115	\$130,067	\$106	\$126,316.05	1.02:1
Prescriptions	30,339	\$129	\$3,899,079	\$9	\$246,526.80	15.8:1
Subtotal			\$9,332,332		\$3,492,071	2.67:1
Employee Savings	28,278 @ \$20 PCP		\$565,560			
	30,339 @ \$10 Rx		\$303,390			
Total Savings			\$10,201,282		\$3,492,071	2.92:1


5


18. Please address your willingness to enter into a performance guarantee and how the performance criteria and penalties might be defined.

TCMA is fully willing to enter a performance guarantee.

TCMAi also invests in the health of the employees of clients and the process of bringing wellness to all to demonstrate our commitment to teaching the importance of health and wellness and mitigating unhealthy behavior. The award of the performance guarantee will be entirely contingent on the satisfaction of the Client as determined by a mutually agreed upon set of metrics. TCMAi is willing to use almost any metric, provided it is measurable and reasonably achievable: clinical, financial, or perceptible, to determine whether a satisfactory standard was met. TCMAi takes seriously the role of healthcare providers with an obligation to mitigate costs to tax payers while raising the general health of the public. TCMAi has never failed to receive a performance guarantee.

19. Please provide a sample of any performance guarantees you have currently offered or have offered to current or prospective clients.

TCMAi uses patient satisfaction scores, growth rate, number of HRAs performed, clinic utilization, the number of awareness events, or any other reasonable measurable metric that can be used to determine performance. TCMAi has never failed to receive a performance guarantee.

The most recent contract with the City of PSL has the following listed as the Performance Bonus:

The City shall pay TCMAi the amount of \$15.50 per eligible employee (as of the last business day of the month), per month, for services provided under the Agreement during the immediately preceding calendar month. TCMAi shall submit the invoice no later than the 15th of the month. The City pays TCMAi within Net 30 days from receipt of the approved invoice.

The City will pay the Provider up to a maximum of \$2.50 per eligible employee at the end of the physical year, respectively, as a performance guarantee for meeting one or more of the performance goals.

Performance Goal 1: Decrease Insurance Costs per Eligible Employee

KPI Metric: 12 months of contract year compared to the same period of the prior year

- **Objective 1A:** Maintain medical emergency department visits (Shall be based on each 12-month period of Clinic Patient visits data)

Medical emergency department visits shall be no more than 2% of the total Clinic Patient visits each 12-month period. The City will provide consideration for unavoidable emergency department visits.

- **Objective 1B:** Maintain current level of clinic usage for urgent and primary office visits (i.e., MD/DO or ARNP interaction), excluding lab draws and prescription refill visits. (Shall be based on and compared with 1st quarter clinic utilization data of Provider.)

Yearly 2017/2018 Target: Maintain level of clinic office visits at 36 – 38 patients per day (+/-2%) until such time that the facility/physical location(s) change to allow for a larger number of patients per day.

Yearly 2018/2019 Target: Maintain level of clinic office visits at 36 – 38 patients per day (+/-2%) until such time that the facility/physical location(s) change to allow for a larger number of patients per day.

Yearly 2019/2020 Target: Maintain level of clinic office visits at 36 – 38 patients per day (+/-2%) until such time that the facility/physical location(s) change to allow for a larger number of patients per day.

Performance Goal 2: Operate the Employee Health Clinic Effectively

KPI Metric: Conformance to mutually agreed parameters

- **Objective 2A** – Achieve annual cumulative patient satisfaction score of > 3.5 out of 5.0, on a 1 – 5 scale.
- **Objective 2B** – Achieve annual cumulative billing accuracy of 95% when graded and reviewed by ths City.

Weight of each section, Objective 2B:

- Accuracy – 50%
- Calculations – 15%
- Proper Invoicing – 20%
- Timely Manner – 15%

Measures of accuracy to billing accuracy include the following:

- Accuracy – Total amounts due from supporting documentation accurately transposed over to coversheets.
- Calculations – Properly calculated amounts are reflected on coversheets.
- Proper Invoicing – Provide supporting documentation for all invoices; in addition, when the City’s review is unable to discern whether an invoice was proper as a result of insufficient documentation, this invoice must also be considered an error.
- Timely Manner – Adhering to timelines in providing invoices and supporting documentation including the response time in readdressing any invoices for inaccuracies.

Calculation of maximum bonus = \$2.50 x 12 months x mean number of eligible employees per month in a contract year.

- Each objective represents a weighted percentage of maximum bonus (i.e. achieve 70%, get 70% of maximum bonus).

Objectives	Weight	Achieved?	Bonus % Achieved
1A	25%	Y / N	
1B	25%	Y / N	
2A	25%	Y / N	
2B	25%	Y / N	

This is a word document. Please add space when necessary.

ADDENDUM ACKNOWLEDGMENT - Consultant acknowledges that the following addenda have been received and are included in his/her proposal:

Addendum Number	Date Issued
1	03/06/2019
2	03/26/2019
3	04/01/2019

AGREEMENT - Consultant agrees to comply with all requirements stated in the specifications for this RFP.

[The remainder of this page left blank intentionally.]

Consultant's Cost Proposal**RFP #20190044**

On-Site Employee Medical Clinic

Cost to the City: Contractor must quote a firm, fixed, annual rate for all services identified in the Request for Proposal. Note: No additional costs will be accepted.

Please provide a detailed cost quote, along with a suggested payment schedule, for all services that are requested to be implemented and administered under this contract. The cost proposal must include any expenses for consideration for support and maintenance services. We are requesting your projected dollar values associated with the return on investment (ROI) for this cost proposal. Additionally, the cost proposal must include a suggested payment schedule.

Note: Failure to use the City's Cost Proposal page and provide the costs as requested in the RFP may deem your proposal non-responsive.

Total Annual Cost MUST include all expenses and travel.

CONSULTANT'S COST PROPOSAL			
LINE ITEM	MONTHLY	ANNUAL	TOTAL
FACILITY COSTS			
ADMINISTRATION FEES	\$18.00 PEPM	\$18,810	\$225,720 Based on 1,045 PEPM
START-UP COST / INITIAL SET-UP FEES	\$0.00	\$0.00	\$0.00
MONTHLY SERVICE FEES	\$300.00	\$3,600	\$3,600
SUPPLY COSTS	\$5,000	\$60,000	\$60,000
PHARMACY COSTS	\$7,000	\$84,000	\$84,000
FACILITY COSTS	\$30.00	\$360.00	\$360.00
ADDITIONAL FEES	\$13,000	\$156,000	\$156,000
MEDICAL STAFF			
PHYSICIAN	\$21,600	\$259,200	\$263,200
PHYSICIAN ASSISTANT	\$10,880	\$130,560	\$133,560
NURSE PRACTITIONER	\$11,040	\$132,480	\$132,480
REGISTERED NURSE	0.00	0.00	0.00
CERTIFIED MEDICAL ASSISTANT	\$3,040	\$36,480	\$36,480
RADIOLOGY TECHNICIAN	\$3,200	\$38,400	\$38,400
OFFICE STAFF			
OFFICE MANAGER			
RECEPTIONISTS	\$5,600	\$67,200	\$67,200
SAVINGS PROJECTIONS			
PRIMARY CARE VISITS	\$80,000	\$960,000	\$960,000
SPECIALISTS VISITS	\$70,000	\$840,000	\$840,000
PRESCRIPTION DRUGS	\$40,000	\$480,000	\$480,000
OTHER SAVINGS	\$50,000	\$600,000	\$600,000

Additional Fees include: Answering Service, HRA fee's, License Fee's, Lab Fee's, Medical Malpractice, Employee Health Benefits, Unemployment, FICA, and Worker's Compensation.

Monthly Service: X-ray Over reads (Teleradiology)

Facility Cost: Medical Waste Removal

Treasure Coast Medical Associates, Inc.

Supply Cost: Office and Medical Supply

The difference in Medical Staff Annual to Total is for Continuing Education.

Office Manager: The ARNP is also the Office Manager.

The invoices will be supplied on a monthly basis on the 15th of each month. TCMAi requests that invoices are paid within 14 days so that payment can be made to the vendors of the outstanding invoices.

Projected Cost Annually: \$1,563,640

Projected Savings Annually - \$2,880,000

GRAND TOTAL ANNUAL FIRM FIXED FEE \$ 225,720/ANNUALLY.

This only includes the fixed fees which are administration fees – not the pass through items

Certification:

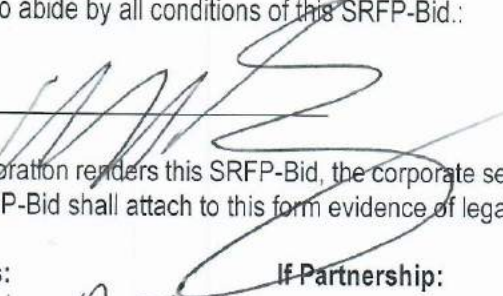
This SRFP-Bid is submitted by: Name (print) Jonathan Michael Adelberg who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this SRFP-Bid #20190044 is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud.

The proposer understands that information contained in this Bid Reply will be relied upon by City in awarding the proposed Contract and such information is warranted by the proposer to be true. The undersigned proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

I certify that the information and responses provided on this Bid Reply are true, accurate and complete. The City may contact any entity or reference listed in this Bid Reply. Each entity or reference may make any information concerning the Consultant available to the City.

I agree to abide by all conditions of this SRFP-Bid.:

Signature



President

Title

If a corporation renders this SRFP-Bid, the corporate seal attested by the secretary shall be affixed below. Any agent signing this SRFP-Bid shall attach to this form evidence of legal authority.

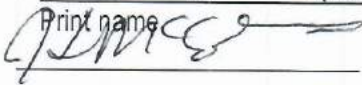
Witnesses:

If Partnership:

Heather McCallister

Print name

Print Name of Firm



By:

(General Partner)

If Corporation:

Treasure Coast Medical Associates, Inc.

Print Name of Corporation

If Individual:

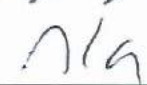
Signature

By: Jonathan Michael Adelberg, MD FAEP, President

(President)

Print Name

Attest:



(Secretary)

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

Reference Check Form (1)
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190044
Title: On-Site Employee Medical Clinic
Proposer/Respondent: Treasure Coast Medical Associates, Inc.
Reference: City of West Palm Beach Fax #: (561)494-1036
Email: jchripczuk@wpb.org Telephone #: (561)494-1013
Person to contact: Jennifer Chripczuk

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within two (2) days to 772-871-7337 or email to lsevillian@cityofpsl.com.

Describe the scope of work of the contract awarded by your firm/entity to this Consultant. What type of services were performed?

What is the size of your agency and what services does your agency provide?

Was the lease completed on time and within the specified guidelines?

What problems were encountered (claims)?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Consultant again? Yes No Maybe

Comments:

Thank you.

Note: All references must be submitted with the RFP Proposal by the submittal deadline.

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

Reference Check Form (2)
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190044
Title: On-Site Employee Medical Clinic
Proposer/Respondent: Treasure Coast Medical Associates, Inc.
Reference: The School Board of Highlands County Fax #: (863)471-5627
Email: Birtr@highlands.k12.fl.us Telephone #: (863)449-0669
Person to contact: Richard Birt

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within two (2) days to 772-871-7337 or email to lsevillian@cityofpsl.com.

Describe the scope of work of the contract awarded by your firm/entity to this Consultant. What type of services were performed?

What is the size of your agency and what services does your agency provide?

Was the lease completed on time and within the specified guidelines?

What problems were encountered (claims)?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Consultant again? Yes No Maybe

Comments:

Thank you.

Note: All references must be submitted with the RFP Proposal by the submittal deadline

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

Reference Check Form (3)
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190044
Title: On-Site Employee Medical Clinic
Proposer/Respondent: Treasure Coast Medical Associates, Inc.
Reference: Okeechobee School Board Fax #: (863)462-5151
Email: vinsons@okee.k12.fl.us Telephone #: (863) 462-5000 ext. 226
Person to contact: Ken Kenworthy

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within two (2) days to 772-871-7337 or email to lsevillian@cityofpsl.com.

Describe the scope of work of the contract awarded by your firm/entity to this Consultant. What type of services were performed?

What is the size of your agency and what services does your agency provide?

Was the lease completed on time and within the specified guidelines?

What problems were encountered (claims)?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Consultant again? Yes No Maybe

Comments:

Thank you.

Note: All references must be submitted with the RFP Proposal by the submittal deadline

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

Reference Check Form (4)
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190044
Title: On-Site Employee Medical Clinic
Proposer/Respondent: Treasure Coast Medical Associates, Inc.
Reference: Okeechobee County Fax #: Fax (863)763-0118
Email: manuez@co.okeechobee.fl.us Telephone #: (863) 763-9312 ext. 3
Person to contact: Mariah Anuez

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within two (2) days to 772-871-7337 or email to lsevillian@cityofpsl.com.

Describe the scope of work of the contract awarded by your firm/entity to this Consultant. What type of services were performed?

What is the size of your agency and what services does your agency provide?

Was the lease completed on time and within the specified guidelines?

What problems were encountered (claims)?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____	Final Product _____
Qualifications _____	Cooperation _____
Budget Control _____	Reliability _____

Would you contract with this Consultant again? Yes No Maybe

Comments:

Thank you.

Note: All references must be submitted with the RFP Proposal by the submittal deadline

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

Reference Check Form (5)
Proposer Instructions: Fill out top portion only.
(Please print or type)

SRFP Number: 20190044
Title: On-Site Employee Medical Clinic
Proposer/Respondent: Treasure Coast Medical Associates, Inc.
Reference: City of Okeechobee Fax #: (863)763-1686
Email: marcos@cityofokeechobee.com Telephone #: (863) 763-9812
Person to contact: Marcos Montes De Oca

Reference Instructions: The above Proposer has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within two (2) days to 772-871-7337 or email to lsevillian@cityofpsl.com.

Describe the scope of work of the contract awarded by your firm/entity to this Consultant. What type of services were performed?

What is the size of your agency and what services does your agency provide?

Was the lease completed on time and within the specified guidelines?

What problems were encountered (claims)?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Consultant again? Yes No Maybe

Comments:

Thank you.

Note: All references must be submitted with the RFP Proposal by the submittal deadline

**CITY OF PORT ST. LUCIE, FLORIDA
SRFP #20190044
On-Site Employee Medical Clinic**

**STATE OF FLORIDA
E-Verify**

Contract No: 20190044

Financial Project No(s): _____

Project Description: On-Site Employee Medical Clinic

Vendor/Consultant acknowledges and agrees to the following:

Vendor/Consultant:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Vendor/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

Company/Firm: Treasure Coast Medical Associates, Inc.

Authorized Signature: _____

Title: President

Date: 05/20/2019

Drug-Free Workplace Form
SRFP #20190044
On-Site Employee Medical Clinic

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
Treasure Coast Medical Associates, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



 Proposer's Signature

 05/20/2019

 Date

Contractor Code of Ethics SRFP #20190044 On-Site Employee Medical Clinic

The City of Port St Lucie ("City), through its Procurement Management Department ("PMD") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, PMD requires each Contractor who seeks to do business with the City to subscribe to this Contractor Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Contractors intending to bid on the same contract or similar City contract for limiting competition. A Contractor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Contractor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Contractor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Contractor contracted by the City.
- ◆ Contractors must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractors must require their suppliers (including temporary labor agencies) to do the same. Contractors must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:
 - Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
 - Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
 - Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Treasure Coast Medical Associates, Inc.

Signature _____

Printed Name and Title Jonathan Michael Adelberg MD FAEP, President

Date 05/20/2019

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or Contractor contract, the law, regulatory provision(s) and/or Contractor contract shall prevail.

**CITY OF PORT ST. LUCIE, FLORIDA
SRFP #20190044
On-Site Employee Medical Clinic
Contractor Verification Form**

THE FOLLOWING IS TO BE COMPLETED BY PRIME PROPOSER:

Name of Firm: Port St. Lucie Medical Provider, Inc.

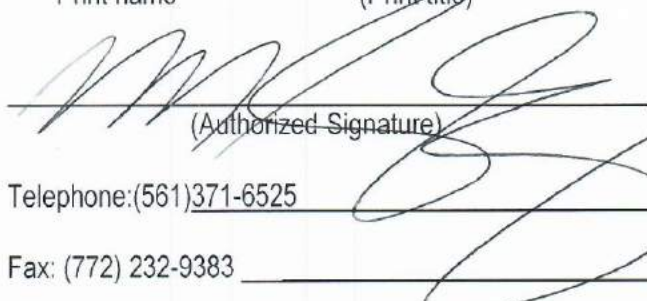
Corporate Title: Treasure Coast Medical Associates, Inc.

Address: 3405 NW Federal Hwy, Jensen Beach, FL

34957
(Zip Code)

By: Jonathan Michael Adelberg MD FAEP, President

Print name (Print title)


(Authorized Signature)

Telephone: (561)371-6525

Fax: (772) 232-9383

State License # 604856 (ATTACH COPY)

County License # 1012124 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: City of Port St Lucie Business Tax Receipt

NO _____ Unlimited (yes/no)

If "NO", Limited to what trade? Medical Office

Non-Collusion Affidavit
SRFP #20190044
On-Site Employee Medical Clinic

State of Florida }

County of Martin }

Jonathan Michael Adelberg, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of Treasure Coast Medical Associates, Inc.
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]
(Title) President, TCMAI

STATE OF FLORIDA }
COUNTY OF MARTIN} SS:

The foregoing instrument was acknowledged before me this May 20th 2019 (Date)
by: Jonathan Michael Adelberg who is personally known to me or who has produced
personally known as identification and who did (did not) take an oath.

Elizabeth Ellis
Notary (print & sign name)
Commission No. GG 204812



Checklist
SRFP #20190044
On-Site Employee Medical Clinic

This checklist is provided to assist Proposers in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Request for Proposals in its entirety.

 X Documents uploaded in one (1) .pdf file and in order of the Bid Reply SRFP-Bid #20190044, Certified Minority Business Certificate (if applicable), Local preference documents (if applicable) W9, current Certificate of Insurance, current License, five (5) reference forms, E-Verify Statement, Drug Free and Check list onto Demandstar by the due date and time.

 X All questions on the Bid Reply are complete and thoroughly answered.

 X Included the Consultant's Cost Proposal.

 X Each Bid Addendum (when issued) is acknowledged.

 X Have reviewed the Contract and accept all City Terms and Conditions.

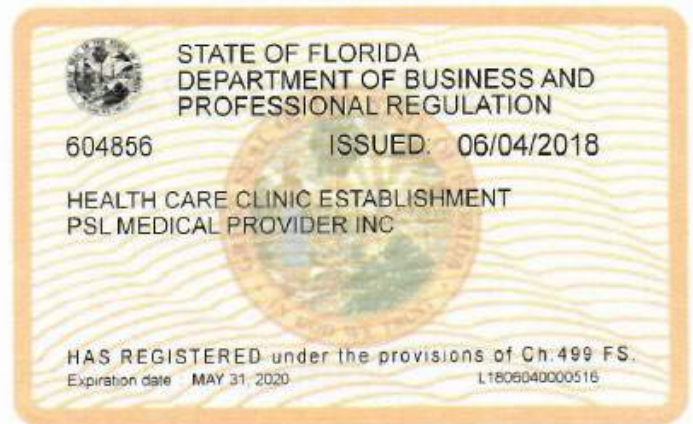
 X After review of uploaded documents on DemandStar by Onvia web site selected the Submit button at bottom of page.

State of Florida License

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

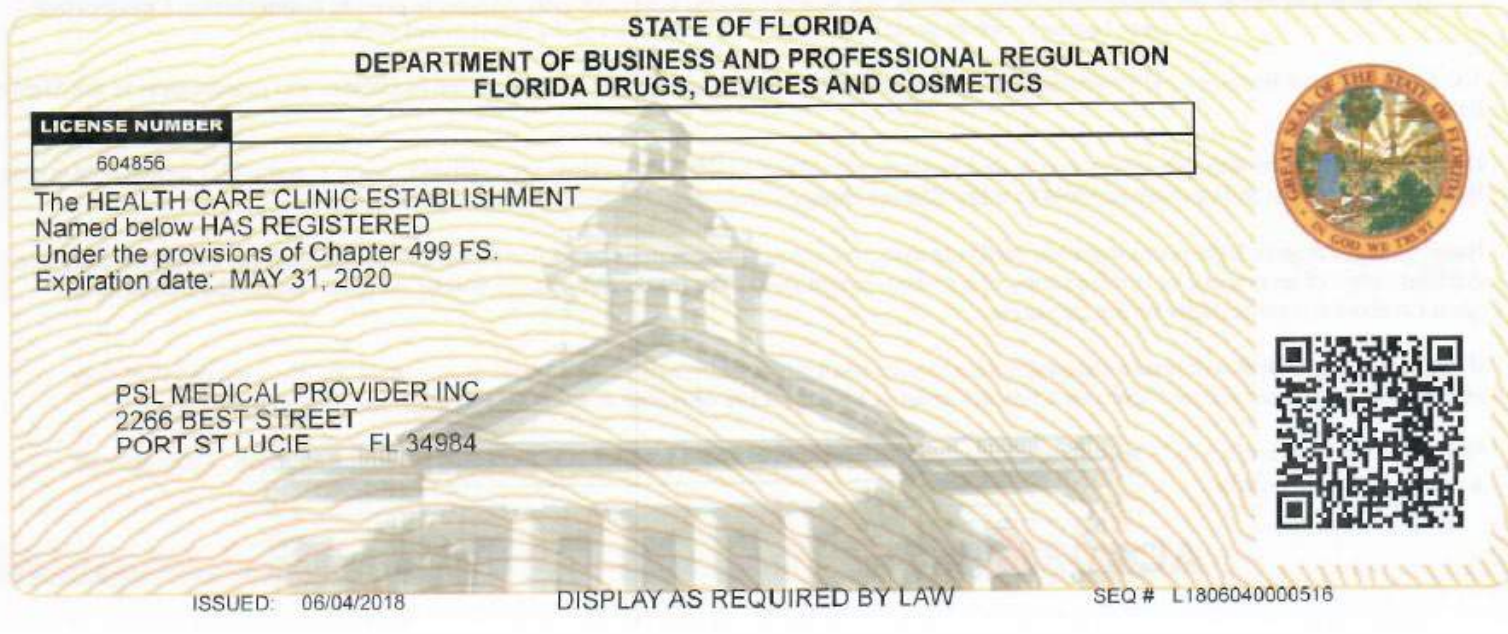
Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



St. Lucie County Local Business Tax Receipt



2018 - 2019

St. Lucie County Local Business Tax Receipt

Facilities or machines # Rooms # Seats # Employees #1 Receipt #1012124
Type of business 8011 ORTH/PHY/PSYCH (MEDICAL DOCTOR) Expires SEPTEMBER 30, 2019

DBA name Treasure Coast Medical Associates Inc Business Jonathan Michael Adelberg
Mailing address: Treasure Coast Medical Associates Inc Business location: 2266 SW Best St
3405 NW Federal Hwy Port St Lucie, FL 34984
Jensen Beach, FL 34957

RENEWAL
Original tax: \$15.10 City of Pt St Lucie ME68270
Penalty: P03000072202
Collection cost:
Total: \$15.10 Paid 07/16/2018 15.10 0134-20180716-001987

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

City of Port St. Lucie Business Tax Receipt



CITY OF PORT SAINT LUCIE BUSINESS TAX RECEIPT

PLEASE POST IN CONSPICUOUS PLACE OR KEEP ON PERSON

Term : 10/01/2018 — 09/30/2019

2018 - 2019

Business Address: **2266 SW BEST ST**

BTR#: 3512

Date Made: 05/15/2019

Business Name: **TREASURE COAST MEDICAL ASSOCIATES INC**

Mailing Address: **2266 SW BEST ST**

PORT ST LUCIE, FL 34984

A handwritten signature in black ink that reads "John Grayson".

Business Tax Authority

Category:	Category 4	MEDICAL OFFICE	\$268.00
Additional Data:			

Total Tax Paid: **\$268.00**

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Treasure Coast Medical Associates Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
3405 NW Federal Hwy

6 City, state, and ZIP code
Jensen Beach, Florida 34957

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

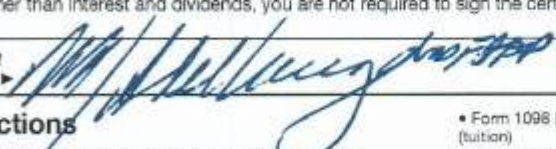
Social security number									
			-						
OR									
Employer identification number									
5	5	-	0	8	4	4	9	3	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 03/21/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

PSL Medical Provider, Inc W-9

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
PSL Medical Provider, Inc.

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3).
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(APPLIES TO ACCOUNTS MAINTAINED OUTSIDE THE U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3405 NW Federal Hwy

6 City, state, and ZIP code.
Jensen Beach, FL 34957

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				-			
--	--	--	---	--	--	--	---	--	--	--

OR

Employer identification number

4	5	-	4	3	6	4	1	2	8
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ 05/01/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

PSL Medical Provider, Inc. General Liability COI

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/16/2019				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER Betten Insurance Services, Inc. 10130 Northlake Blvd, Suite 212 West Palm Beach FL 33412	CONTACT NAME: Ann Marie Betten PHONE (A/C, H, Ext): 561-827-1808 FAX (A/C, Ext): 561-288320 EMAIL ADDRESS: annmariebetten@elstate.com ADDRESS:	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Backboard Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
INSURED PSL Medical Provider, Inc. 2268 SW Best St. Fort Pierce FL 34984						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
TYPE A	TYPE OF INSURANCE <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR (SPLIT AGGREGATE LIMIT APPLIES PER POLICY) <input type="checkbox"/> PER <input type="checkbox"/> SOA <input type="checkbox"/> LOC <input checked="" type="checkbox"/> POLICY OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> HOUSH <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY UMBRELLA/LIMB <input type="checkbox"/> OCCUR EXCESS LIMB <input type="checkbox"/> CLAIMS-MADE (SOA) <input type="checkbox"/> DISTRIBUTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/PARTNERS/EXECUTIVE OFFICERS/INSURER EXCLUDED (mandatory in FL) <input type="checkbox"/> YES, SAME OR UNDER <input type="checkbox"/> NO (REPORT IN LINE 18-23)	ADDL. SUBM. PERIOD PERIOD	POLICY NUMBER BRABIACA570HBP-07474-01	POLICY EFF. DATE (MM/DD/YYYY) 11/01/2018	POLICY EXP. DATE (MM/DD/YYYY) 11/01/2019	LIMITS EACH OCCURRENCE \$ 2,000,000 DAMAGE TO PROPERTY \$ 100,000 FOSSESS (SA AGREEMENT) \$ 10,000 MED EXP (Any one person) \$ Included PERSONAL & ADY INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 LIMITED BODILY INJURY (SA AGREEMENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA/LIMB \$ EXCESS \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if extra space is required) Medical Office						
CERTIFICATE HOLDER City of Port St. Lucie, a municipality of the State of Florida Its officers, employees and agents On-Site Employee Medical Clinic 121 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 		

ACORD 25 (2018/03)

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Medical Malpractice - COI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Physicians Advocate 2335 E. Atlantic Boulevard, Suite 302 Pompano Beach, FL 33062	CONTACT NAME: Christopher Prestera PHONE (A/C, No. Ext): 954-368-6206 FAX (A/C, No.): 954-368-6212 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: LANDMARK AMERICAN INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: LANDMARK AMERICAN INSURANCE CO		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: LANDMARK AMERICAN INSURANCE CO															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED PSL MEDICAL PROVIDER, INC. 2288 BEST STREET PORT ST. LUCIE, FL 34984															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADCL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL, EACH ACCIDENT \$ EL, DISEASE - EA EMPLOYEE \$ EL, DISEASE - POLICY LIMIT \$
A	MEDICAL PROFESSIONAL LIABILITY			LHM836551	01/01/2019	01/01/2020	\$2,000,000 EACH CLAIM \$2,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks: Schedule, may be attached if more space is required)
 CLAIMS MADE POLICY
 RETROACTIVE DATE: 01/01/2004

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive;"> </div>