



Submission for

RFP #25-038 Occupational Health Services Program for

The Village of Orland Park

Physicians Immediate Care/WellNow Background and Capabilities

Physicians Immediate Care is a full-service occupational medicine provider serving clients throughout Illinois since 1987. We are principally dedicated to the treatment of a wide variety of occupational health services including drug and alcohol testing, physical examinations, DOT exams, and treatment of workplace injuries. With more than 35 years of experience in the Illinois marketplace, and thousands of clients, we are highly qualified and well positioned to provide the services that the Village of Orland Park is seeking.

Since inception, Physicians Immediate Care/WellNow Urgent Care remains dedicated to our patients and continues to focus efforts on delivering quality medical services to employers, employees, and individuals within communities throughout the state of Illinois. Due to our local expertise, we understand and comply with the various regulations and guidelines applicable to the requested scope of services. As such, Physicians Immediate Care/WellNow possesses the resources and skills necessary to successfully meet your occupational health program needs.

Physicians Immediate Care/WellNow will coordinate with the Village of Orland Park team prior to the launch date. We will ensure that all Physicians Immediate Care/WellNow management and staff understand the Village's requirements and have the clinic fully stocked with appropriate supplies. A dedicated account executive will be provided to the Village to actively manage their account on an ongoing basis.

PROPOSAL SUMMARY SHEET
#RFP 25-038
Occupational Health Services Program

Business Name: Physicians Immediate Care Chicago, LLC

Street Address: 800 Fulton Market

City, State, Zip: Chicago, IL 60607

Contact Name: Demetri Dongas

Title: Account Executive

Phone: 815-222-1697 Fax: _____

E-Mail address: demetri.dongas@wellnow.com

Price Proposal

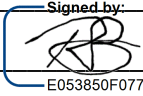
SEE UNIT PRICE SHEET

Please provide the address(es) of your Health Facility below if different than above.

Street Address(es)	City	State	Zip
1. 9570 West 159th Street	Orland Park	IL	60467
2. 4800 W. 129th Street , IL 60803	Alsip	IL	60803

AUTHORIZATION & SIGNATURE

Name of Authorized Signee: Robert Biernbaum

Signature of Authorized Signee: 

Title: Chief Medical officer Date: 6/20/2025

3) ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS: Yes ☒ No ☐

The Proposer is eligible to enter into public contracts, and is not barred from contracting with any unit of state or local government as a result of a violation of either Section 33E-3, or 33E-4 of the Illinois Criminal Code, or of any similar offense of "Bid-rigging" or "Bid-rotating" of any state or of the United States.

4) SEXUAL HARASSMENT POLICY: Yes ☒ No ☐

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been amended to provide that every party to a public contract must have a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4) and includes, at a minimum, the following information: (I) the illegality of sexual harassment; (II) the definition of sexual harassment under State law; (III) a description of sexual harassment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and complaint process available through the Department of Human Rights (the "Department") and the Human Rights Commission (the "Commission"); (VI) directions on how to contact the Department and Commission; and (VII) protection against retaliation as provided by Section 6-101 of the Act. (Illinois Human Rights Act). (emphasis added). Pursuant to 775 ILCS 5/1-103 (M) (2002), a "public contract" includes "...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

5) EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE: Yes ☒ No ☐

During the performance of this Project, Proposer agrees to comply with the "Illinois Human Rights Act", 775 ILCS Title 5 and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq. The

Proposer shall: (I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as the other provisions of this Agreement, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Department to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations. Subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Proposer and any person under which any portion of the Proposer's obligations under one or more public contracts is performed, undertaken or assumed; the term "subcontract", however, shall not include

any agreement, arrangement or understanding in which the parties stand in the relationship of an employer and an employee, or between a Proposer or other organization and its customers. In the event of the Proposer's noncompliance with any provision of this Equal Employment Opportunity Clause, the Illinois Human Right Act, or the Rules and Regulations for Public Contracts of the Department of Human Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and this agreement may be canceled or avoided in whole or in part, and such other sanctions or penalties may be imposed or remedies involved as provided by statute or regulation.

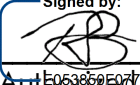
6) **TAX CERTIFICATION:** Yes ☒ No ☐

Contractor is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

7) **AUTHORIZATION & SIGNATURE:**

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Contractor set forth on the Proposal, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the Proposal is genuine and not collusive, and information provided in or with this Certificate are true and accurate. The undersigned, having become familiar with the Project specified, proposes to provide and furnish all of the labor, materials, necessary tools, expendable equipment and all utility and transportation services necessary to perform and complete in a workmanlike manner all of the work required for the Project.

ACKNOWLEDGED AND AGREED TO:

Signed by: 

 Signature of Authorized Officer
 Robert Biernbaum

 Name of Authorized Officer

 Chief Medical Officer

 Title

 6/20/2025

 Date

REFERENCES

Provide three (3) references for which your organization has performed similar work.

Bidder's Name: Physicians Immediate Care Chicago, LLC

(Enter Name of Business Organization)

- | | |
|-----------------|---|
| 1. ORGANIZATION | City of Park Ridge |
| ADDRESS | 505 BUTLER PLACE Park Ridge, IL 60068 |
| PHONE NUMBER | 847-318-5266 |
| CONTACT PERSON | LISA SULEK |
| YEAR OF PROJECT | 2022-Present |
| 2. ORGANIZATION | VILLAGE OF FRANKLIN PARK |
| ADDRESS | 9500 BELMONT AVENUE Franklin Park, IL 60131 |
| PHONE NUMBER | 847-671-8282 |
| CONTACT PERSON | LISA ANTHONY |
| YEAR OF PROJECT | 2018- Present |
| 3. ORGANIZATION | CITY OF BLUE ISLAND |
| ADDRESS | 13051 GREENWOOD AVE Blue Island, IL 60406 |
| PHONE NUMBER | 708-396-7066 |
| CONTACT PERSON | MARK PATOSKA |
| YEAR OF PROJECT | 2017-Present |



ORLAND PARK

INSURANCE REQUIREMENTS

Please sign and provide a policy Specimen Certificate of Insurance showing current coverages.


If awarded the contract, all Required Policy Endorsements noted in the left column in **red bold** type **MUST** be provided.

Standard Insurance Requirements	Please provide the following coverage if box is checked.
<p><u>WORKERS' COMPENSATION & EMPLOYER LIABILITY</u> Full Statutory Limits - Employers Liability \$500,000 – Each Accident \$500,000 – Each Employee \$500,000 – Policy Limit Waiver of Subrogation in favor of the Village of Orland Park</p> <p><u>AUTOMOBILE LIABILITY</u> (ISO Form CA 0001) \$1,000,000 – Combined Single Limit Per Occurrence Bodily Injury & Property Damage. Applicable for All Company Vehicles.</p> <p><u>GENERAL LIABILITY</u> (Occurrence basis) (ISO Form CG 0001) \$1,000,000 – Combined Single Limit Per Occurrence Bodily Injury & Property Damage \$2,000,000 – General Aggregate Limit \$1,000,000 – Personal & Advertising Injury \$2,000,000 – Products/Completed Operations Aggregate</p> <p><u>ADDITIONAL INSURED ENDORSEMENTS:</u> <i>(Not applicable for Goods Only Purchases)</i></p> <ul style="list-style-type: none"> ISO CG 20 10 or CG 20 26 (or Equivalent) Commercial General Liability Coverage CG 20 01 Primary & Non-Contributory (or Equivalent) The Village must be named as the Primary Non-Contributory which makes the Village a priority and collects off the policy prior to any other claimants. Blanket General Liability Waiver of Subrogation - Village of Orland Park A provision that prohibits an insurer from pursuing a third party to recover damages for covered losses. 	<p><u>LIABILITY UMBRELLA</u> (Follow Form Policy) <input type="checkbox"/> \$1,000,000 – Each Occurrence \$1,000,000 – Aggregate <input type="checkbox"/> \$2,000,000 – Each Occurrence \$2,000,000 – Aggregate <input checked="" type="checkbox"/> Other: <u>\$3,000,000 Per Occurrence / \$3,000,000 Aggregated</u> EXCESS MUST COVER: General Liability, Automobile Liability, Employers' Liability</p> <p><u>PROFESSIONAL LIABILITY</u> <input type="checkbox"/> \$1,000,000 Limit – Claims Made Form, Indicate Retroactive Date <input type="checkbox"/> \$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date <input checked="" type="checkbox"/> Other: <u>\$2,000,000 Per Occurrence / \$4,000,000 Aggregated</u> Deductible not-to-exceed \$50,000 without prior written approval</p> <p><input type="checkbox"/> <u>BUILDERS RISK</u> Completed Property Full Replacement Cost Limits – Structures under construction</p> <p><input type="checkbox"/> <u>ENVIRONMENTAL IMPAIRMENT/POLLUTION LIABILITY</u> \$1,000,000 Limit for bodily injury, property damage and remediation costs resulting from a pollution incident at, on or mitigating beyond the job site</p> <p><input type="checkbox"/> <u>CYBER LIABILITY</u> \$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service costs, and software/property damage</p> <p><input type="checkbox"/> CG 20 37 ADDITIONAL INSURED – Completed Operations (Provide only if box is checked)</p>

Any insurance policies providing the coverages required of the Consultant, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." The required additional Insured coverage shall be provided on the Insurance Service Office (ISO) CG 20 10 or CG 20 26 endorsements or an endorsement at least as broad as the above noted endorsements as determined by the Village of Orland Park. Any Village of Orland Park insurance coverage shall be deemed to be on an excess or contingent basis as confirmed by the required (ISO) CG 20 01 Additional Insured Primary & Non- Contributory Endorsement. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regard to General Liability and Workers' Compensation coverage. The certificate of insurance shall also state this information on its face. Any insurance company providing coverage must hold an A-, VII rating according to Best's Key Rating Guide. Each insurance policy required shall have the Village of Orland Park expressly endorsed onto the policy as a Cancellation Notice Recipient. Should any of the policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsements shall not be a waiver of the contractor's obligation to provide all the above insurance.

Consultant agrees that prior to any commencement of work to furnish evidence of Insurance coverage providing for at minimum the coverages, endorsements and limits described above directly to the Village of Orland Park, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the contractor.

ACCEPTED & AGREED THIS 20 DAY OF June, 2025

Signed by:

 Signature _____
 E053850F077747C...

Robert Biernbaum
 Chief Medical Officer
 Printed Name & Title

Authorized to execute agreements for:
Physicians Immediate Care Chicago, LLC
 Name of Company

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
SAMPLE
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

COMMERCIAL GENERAL LIABILITY

CG 20 33 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render,

any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in

performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SAMPLE

Policy Number:

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SAMPLE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".



Executive Summary

- As an organization, we have more than 35 years of experience operation in Illinois, performing services for companies and municipalities to ensure a healthy and productive workforce
- We have a detailed implementation plan that ensures this project begins successfully from day one
- We have a detailed management plan and robust support team to deliver continued success and resolution should issues arise
- We leverage our electronic platforms to get the Village the results needed in a timely fashion
- We offer evening, weekend, and even holiday availability for the completion of all services outlined in this proposal
- We are prepared to be a valuable partner with the Village to help facilitate the health and safety of your workforce

Physicians Immediate Care/WellNow Background and Capabilities

Physicians Immediate Care is a full-service occupational medicine provider serving clients throughout Illinois since 1987. We are principally dedicated to the treatment of a wide variety of occupational health services including drug and alcohol testing, physical examinations, DOT exams, and treatment of workplace injuries. With more than 35 years of experience in the Illinois marketplace, and thousands of clients, we are highly qualified and well positioned to provide the services that the Village of Orland Park is seeking.

Since inception, Physicians Immediate Care/WellNow Urgent Care remains dedicated to our patients and continues to focus efforts on delivering quality medical services to employers, employees, and individuals within communities throughout the state of Illinois. Due to our local expertise, we understand and comply with the various regulations and guidelines applicable to the requested scope of services. As such, Physicians Immediate

Care/WellNow possesses the resources and skills necessary to successfully meet your occupational health program needs.

Implementation Plan

Upon notification of awarded contract, we will begin the implementation phase of this project. This starts with an introductory call between the Village and appropriate staff from our organization to outline the steps needed to begin services. On this call, we will discuss:

- Clinic Contacts
- Authorization Process
- Performing Services
- Resulting the Services
- Billing Process

This call lays the foundation for how we will work with the Village to ensure all patients receive the appropriate services and the Village receives the results in a timely fashion and our two organizations work hand in hand to ensure timely and accurate billing.

Following this implementation call, we request a meeting with the Village staff at our clinic to meet clinical and operations staff in person, address any follow-up items from the initial call, and begin forging a strong relationship between the two organizations to ensure the success of this project throughout its duration. This also allows the Village to see us walk through the processes in place for performing the work outlined in the RFP. This includes viewing sample forms, process questions for instances like shy bladder or determination pending for physicals, and any other specific questions that may arise. We prefer for this meeting to take place prior to the go-live date of the agreement for the implementation plan to be tweaked based on any feedback from the Village.

After the in-person meeting, we implement the electronic resulting mechanism for all services for the Village, ensuring that correct and complete results are received as soon as possible. This is a combination of our electronic platform Escreen, as well as our centralized resulting team that audits and sends results directly to clients upon completion of the business day.

Management Plan

As the agreement goes live, to ensure continued success, we ask for a bi-weekly touch base with appropriate Village staff for the first 2 months of the agreement (30-minute virtual meeting), shifting to monthly or quarterly based on mutual agreement between our

two organizations. This helps the continued success of the project and allows for continual process improvement on both sides to meet and exceed all key deliverables.

This call will include, at a minimum, from our side:

- Your account executive
- Your assigned client relations specialist
- A member of clinical operations management

These calls have been very successful with other, similar, projects to provide a dedicated time to address issues as they arise, answer questions, and ultimately hold ourselves accountable on performing the work in line with our standards, as well as those of the Village. These calls will occur for the duration of the agreement, unless both parties mutually agree that they are not needed.

Technical Approach

Medical Examinations

Our clinics offer pre-employment exams for both safety-sensitive and non-safety-sensitive roles. We also perform return-to-work exams and DOT exams. For DO exams, utilizing the Escreen platform, all of our exams are electronically uploaded to the registry, in line with the recent policy change allowing for transmission directly to local DMVs. We have EKG on site and are able to perform all components of the PACE Paratransit exams, law enforcement exams, childcare exams, post-exposure initial and follow-up treatment, vision, audiometric, respiratory evaluations in line with OSHA regulations, spirometry, vaccinations, and all other services outlined in the medical examination portion of this scope of work. Most exams are performed electronically through escreen, sending results certificates, and long forms to the employer upon completion of the service in our clinic. Exams performed outside of the escreen platform are performed on appropriate clinical documentation forms and are audited by our Medical Information Specialist team before being transmitted to the Village in your preferred method.

Drug and Alcohol Testing

We offer a comprehensive drug and alcohol testing program in all our clinics, including both DOT and Non-DOT testing for any applicable reason for test. Our non-DOT testing can be performed as a computer analyzed rapid drug screen, with over 50 panels available in-house to meet the Village's unique needs based on reason for testing. All our drug collectors are also trained in BAT for all applicable scenarios as well. For screens performed using our house lab and MRO, results are uploaded to your escreen portal within minutes of being available. This holds true even if the specimen requires further analysis at

the lab. As part of the implementation of this project, we will work with all appropriate Village personnel that need these notifications to ensure they are setup.

Additional Services

We can provide medical consultation services to Village HR staff on an as needed basis. We can perform on-site drug and vision screenings at the requested volumes. Our plan is to work with Village staff 90 days prior to the on-site event to confirm date, time, and location for these on-site screenings. From there, we will provide appropriate staffing levels to ensure all services are completed in the agreed upon time window, and registered and resulted appropriately. We will also work with the Village to develop a workflow to accommodate the additional needs during the months of May and June.

Program Administration

Our clinics are open 7 days per week from 8am until 8pm. All visits can be performed as a walk-in visits, or patients and/or the Village may reserve a day and time for services to be completed up to 14 days in advance. This includes RTW evaluations and any other services outlined in this scope of work. Our clinics perform Urgent Care and Occupational Health services concurrently, which means the Village and its employees are also able to receive services for personal reasons during any of our hours of operation. As a leader in the Occupational Health space, we keep all of our clients up to date on emerging trends and changes in regulatory practices, ensuring that all services are completed appropriately regardless of any changes in the requirements or laws surrounding services. By utilizing electronic Chain of Custody (COC) forms, we are able to easier rectify any errors during the collection process of drug screens. Based on our years of experience performing similar services for clients throughout the state of Illinois, we feel confident in our ability to deliver a program for the Village that both sides can be proud of.

Past Performance

We have and continue to serve municipalities all throughout the state for services, including but not limited to those outlined in this proposal. These experiences have led to us having a very refined onboarding and management process that will help drive success of this project with the Village.

Key Personnel

Demetri Dongas: Account Executive (815) 474-1895

demetri.dongas@wellnow.com

Ryan Prohaska: Director of Occupational Health (269) 716-8416

ryan.prohaska@wellnow.com

Haneen Bahia Dawud: Multi Site Manager(clinic phone number- email to be shared later)

Jasmine Gonzalez: Regional Director of Operations (clinic phone number- email to be shared later)

Samantha Rundell: Customer Relations Specialist (815) 654-2300

OMSupport@wellnow.com

Traci Groll- Billing Manager (855)631-4563

picemployersupport@wellnow.com email



ORLAND PARK

Unit Price Sheet - **AMENDED**

RFP #25-038

Occupational Health Services Program

Occupational Health Services Program Pricing Proposal					
Services	2025-2026 Rate (Per Service)	2026-2027 Rate (Per Service)	2027-2028 Rate (Per Service)	Optional Year 2029 Rate (Per Service)	Optional Year 2030 Rate (Per Service)
EXAMINATIONS					
DOT Examination (includes UA, vision)	\$110.00	\$113.00	\$117.00	\$120.00	\$122.00
Non-DOT Examination (includes vision)	\$100.00	\$103.00	\$107.00	\$110.00	\$112.00
Fit for Duty Examinations	\$315.00	\$318.00	\$320.00	\$325.00	\$325.00
Respirator Clearance Examination	\$131.00	\$135.00	\$137.00	\$140.00	\$142.00
TESTING AND SCREENINGS					
Pulmonary Function Test (spirometry)	\$74.00	\$76.00	\$78.00	\$80.00	\$82.00
Respirator Fit Test	\$58.00	\$60.00	\$62.00	\$64.00	\$66.00
EKG Test	\$74.00	\$76.00	\$78.00	\$80.00	\$82.00
Audiogram	\$63.00	\$65.00	\$67.00	\$69.00	\$70.00
Titmus Vision	\$25.00	\$25.00	\$27.00	\$27.00	\$29.00
Quantiferon Gold	\$121.00	\$123.00	\$125.00	\$127.00	\$130.00
TB Skin Test	\$45.00	\$45.00	\$47.00	\$47.00	\$47.00
Physical Ability Assessments	\$131.00	\$131.00	\$131.00	\$131.00	\$131.00
Blood Draw Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRUG AND ALCOHOL TESTING					
NIDA and non-NIDA Drug (collection only)	\$65.00	\$65.00	\$67.00	\$69.00	\$69.00
NIDA DRUG (collection & analysis)	\$65.00	\$65.00	\$67.00	\$69.00	\$69.00
Non-NIDA Drug (collection & analysis)	\$65.00	\$65.00	\$67.00	\$69.00	\$69.00
Breath Alcohol Test (DOT)	\$53.00	\$53.00	\$55.00	\$55.00	\$57.00
Breath Alcohol Test (Non-DOT)	\$53.00	\$53.00	\$55.00	\$55.00	\$57.00
VACCINATIONS/TITERS					
MMR Vaccine	\$158.00	\$160.00	\$162.00	\$164.00	\$166.00
Varicella Vaccine	\$189.00	\$192.00	\$195.00	\$198.00	\$200.00
Hepatitis B Vaccine (includes admin fee)	\$126.00	\$126.00	\$130.00	\$130.00	\$135.00
Tdap (includes admin fee)	\$95.00	\$97.00	\$99.00	\$102.00	\$104.00
Flu Vaccine (includes admin fee)	N/A	N/A	N/A	N/A	N/A
Hepatitis B Titer	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00
MMR Titer	\$116.00	\$116.00	\$116.00	\$116.00	\$116.00
Varicella Titer	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00
Vaccine Administration Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WORK RELATED INJURY/ILLNESS CARE					
Office Visit New 99201	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule
Office Visit New 99202	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule
Office Visit New 99203	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule
Office Visit New 99204	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule
Office Visit New 99205	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule
Office Visit Recheck 99211	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule	billed at state fee schedule

Office Visit Recheck 99212	billed at state fee sche	billed at state fee sche	billed at state fee sche	billed at state fee schedu	billed at state fee schedu
Office Visit Recheck 99213	billed at state fee sche	billed at state fee sche	billed at state fee sche	billed at state fee schedu	billed at state fee schedu
Office Visit Recheck 99214	billed at state fee sche	billed at state fee sche	billed at state fee sche	billed at state fee schedu	billed at state fee schedu
Office Visit Recheck 99215	billed at state fee sche	billed at state fee sche	billed at state fee sche	billed at state fee schedu	billed at state fee schedu
POST EXPOSURE TESTING					
HIV Rapid 86703	\$81.00	\$83.00	\$85.00	\$87.00	\$89.00
Hepatitis B Surface Antibody 86317	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00
Hepatitis B Surface Antigen 87341	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00
Hepatitis C Surface Antibody 86803	\$131.00	\$131.00	\$131.00	\$131.00	\$131.00
Blood Draw Fee 36415	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ON-SITE TESTING					
Per Staff Member/Per Hour	\$50/h/tech, \$100/h/pro	\$50/h/tech, \$100/h/pro	\$50/h/tech, \$100/h/pro	\$50/h/tech, \$100/h/provid	\$50/h/tech, \$100/h/provid
Plus cost of each test or service performed	seeservice pricing abo	seeservice pricing abo	seeservice pricing abo	seeservice pricing above	seeservice pricing above
AFTERHOURS DRUG/ALCOHOL TESTING					
Flat Fee	\$300.00	\$310.00	\$320.00	\$325.00	\$330.00

Proposer:

Firm Name:

Signed:

Title:

Dated:

Signed by:

Physicians Immediate Care Chicago, LLC

Chief Medical Officer

6/20/2025



WELLURG-01

DRATEAU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2025

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 License # 1780862 HUB International New England 1489 Baltimore Pike Suite 105 Springfield, PA 19064	CONTACT NAME: Amanda Stobert PHONE (A/C, No, Ext): (207) 558-6596 FAX (A/C, No): E-MAIL ADDRESS: amanda.stobert@hubinternational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hudson Excess Insurance Company	14484
	INSURER B : Liberty Mutual Fire Insurance Company	23035
	INSURER C : Liberty Insurance Corporation	42404
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED

WellNow Urgent Care, PC.
1040 West Randolph Street
Chicago, IL 60607

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			HCP9450	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 FIRE SUBLIMIT \$ 100,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-651-291219-025	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			HCU11088	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WA7-65D-292160-015	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Medical Malpractice			HCP9450	1/1/2025	1/1/2026	Per Claim 1,000,000
A	Medical Malpractice			HCP9450	1/1/2025	1/1/2026	Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage - 9570 West 159th Street, Suite A, Orland Park, MA 60467

Village of Orland Park is included as Additional Insured per the policy provisions of the General Liability, Auto Liability and Excess Liability policies. A Waiver of Subrogation is granted in favor of the Additional Insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Village of Orland Park
14700 S. Ravinia Avenue
Orland Park, IL 60462

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