

CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 2015-0028

Innoprise Contract #: C15-0016

Year: 2015-20

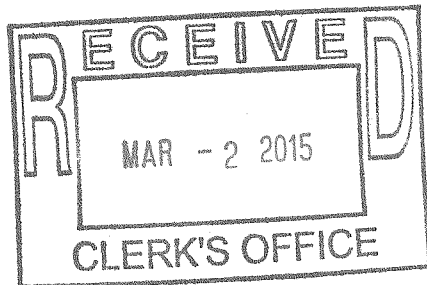
Amount: \$26,500.00

Department: HR - Stephana P

Contract Type: Professional Services

Contractors Name: Ingalls Occupational Health Services

Contract Description: Occupational Health Services program 2015 (with option to renew for 4 additional one year terms)



MAYOR
Daniel J. McLaughlin
VILLAGE CLERK
John C. Mehalek
14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100
www.orlandpark.org



VILLAGE HALL

TRUSTEES
Kathleen M. Fenton
James V. Dodge
Edward G. Schussler III
Patricia A. Gira
Carole Griffin Ruzich
Daniel T. Calandriello

February 27, 2015

Ms. Michele Netherton, B.S.
Ingalls Occupational Health Program
Business Development Office
1600 167th Street, Suite 400
Calumet City, Illinois 60409

RE: ***NOTICE TO PROCEED***
Occupational Health Services Program

Dear Ms. Netherton:


This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, and insurance documents in order for work to commence on the above stated project as of February 17, 2015.

Please contact Stephana Przybylski at 708-403-6166 with any questions or concerns about the program.

The Village has processed Purchase Order #15-000646 for this contract/service. Please reference this Purchase Order on all invoices, correspondence, etc. All invoices should be sent directly to the Accounts Payable Department at 14700 S. Ravinia Ave. Orland Park, IL 60462. Also, your final invoice for this contract/service should state that it is the final invoice pertaining to that Purchase Order.

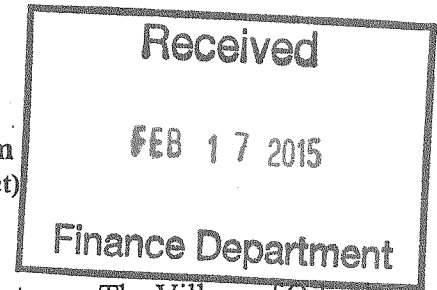
For your records, I have enclosed one (1) original executed contract dated February 4, 2015. If you have any questions, please call me at 708-403-6173.

Sincerely,


Denise Domalewski
Contract Administrator

Encl:
cc: Stephana Przybylski

VILLAGE OF ORLAND PARK
Occupational Health Services Program
(Professional and Consulting Services Contract)



This Contract is made this 4th day of February, 2015 by and between The Village of Orland Park (hereinafter referred to as the "VILLAGE") and Ingalls Memorial Hospital/dba Ingalls Occupational Health Program (hereinafter referred to as the "PROVIDER").

WITNESSETH

In consideration of the promises and covenants made herein by the VILLAGE and the PROVIDER (hereinafter referred to collectively as the "PARTIES,") the PARTIES agree as follows:

SECTION 1: THE CONTRACT DOCUMENTS: This Contract shall include the following documents (hereinafter referred to as the "CONTRACT DOCUMENTS") however this Contract takes precedence and controls over any contrary provision in any of the CONTRACT DOCUMENTS. The Contract, including the CONTRACT DOCUMENTS, expresses the entire agreement between the PARTIES and where it modifies, adds to or deletes provisions in other CONTRACT DOCUMENTS, the Contract's provisions shall prevail. Provisions in the CONTRACT DOCUMENTS unmodified by this Contract shall be in full force and effect in their unaltered condition.

This Contract

The VILLAGE'S Project Manual for the Work as described in Section 2 hereunder

- The Request for Proposals dated August 22, 2014
- The Instructions to Proposers

The Proposal dated September 12, 2014 as it is responsive to the VILLAGE's RFP requirements

Letter of Agreement prepared by PROVIDER including Company Profile (attachment B)

All Certifications required by the VILLAGE

Certificates of Insurance

SECTION 2: SCOPE OF THE WORK, SERVICES AND PAYMENT: The PROVIDER will perform for the benefit of the VILLAGE the services described in Proposal dated September 12, 2014, which is included and incorporated herein (the "SERVICES"). The PROVIDER must furnish all professional services, labor, materials, tools, equipment and supervision necessary or appropriate to fully perform the SERVICES and all other duties and responsibilities of the PROVIDER pursuant to this Contract (hereinafter referred to as the "WORK").

The PROVIDER agrees to:

Obtain authorization from the VILLAGE or its insurance carrier/agent prior to delivering services. Provide the VILLAGE with verbal and written communication in a timely manner. Comply, when possible, with VILLAGE restricted/modified duty policy. Maintain patient confidentiality in compliance with State and Federal regulatory guidelines. Serve as a source for corporate health

The WORK is to be provided by PROVIDER as an independent contractor and not as an employee of the VILLAGE. PROVIDER represents that all employees utilized by PROVIDER are fully trained. PROVIDER understands that no training will be provided by the VILLAGE. In performing its obligations pursuant to this Contract, PROVIDER will do nothing that could adversely affect the goodwill or reputation of the VILLAGE.

SECTION 3: ASSIGNMENT: PROVIDER shall not assign the duties and obligations involved in the performance of the WORK which is the subject matter of this Contract without the written consent of the VILLAGE.

SECTION 4: TERM OF THE CONTRACT: This Contract shall commence on the date of its execution. The WORK shall commence on January 1, 2015 and continue expeditiously for one (1) year with an option for up to four (4) additional years subject to annual review by the Village, the satisfactory negotiation of terms (including a price acceptable to both the Village and the selected Provider) and the concurrence of the Village Board of Trustees. This Contract shall terminate upon completion of the WORK, but may be terminated by either of the PARTIES for default upon failure to cure after ten (10) days prior written notice of said default from the aggrieved PARTY. ~~The VILLAGE~~, for its convenience, may terminate this Contract with thirty (30) days prior written notice.

SECTION 5: INDEPENDENT CONTRACTOR STATUS: To the fullest extent permitted by law, PROVIDER shall be an independent contractor hereunder and neither PROVIDER nor anyone acting on its behalf shall be deemed an agent, employee, joint employee or servant of VILLAGE. Neither VILLAGE nor PROVIDER shall have any right to act on behalf of or bind the other party for any purpose.

SECTION 6: INDEMNIFICATION AND INSURANCE: With respect to services performed by the PROVIDER for the VILLAGE, the PROVIDER agrees to the fullest extent permitted by law to indemnify, defend and hold harmless the VILLAGE, its trustees, directors, officers, agents and employees against any and all claims, suits, actions, demands or losses against VILLAGE and pay all costs (including costs of defense) for damage to the property of, or personal injuries to, or death of, any person or persons, including the PROVIDER, if such claims, suits or losses are caused directly or indirectly by, are connected with, or arise out of the performance of this Contract by the PROVIDER, whether by negligence or otherwise. PROVIDER will also indemnify, defend and hold harmless the VILLAGE and its officers, directors, employees, agents, affiliates and representatives, from and against any and all claims, demands, suits, liabilities, injuries, causes of action, losses, expenses, damages or penalties, including, without limitation, court costs and

reasonable attorneys' fees, arising or resulting from, or occasioned by or in connection with any and all claims which are based upon or make the contention that any of the Developments or other materials supplied to the VILLAGE or used by the VILLAGE in the manner recommended by the PROVIDER, in whole or in part, constitute infringement of any copyright, trademark, patent, trade secret or other proprietary rights of any third party. This indemnification, defense and hold harmless obligation will survive the termination or expiration of this Contract, whether by lapse of time or otherwise.

The indemnification obligation under this paragraph shall not be limited in any way by any limitations on the amount or type of damages, compensation or benefits payable by or for the benefit of PROVIDER or any indemnities under any Worker's Compensation Act, Occupational Disease Act, Disability Benefits Act, or any other employee benefits act. The PROVIDER further agrees to waive any and all liability limitations based upon the Worker's Compensation Act court interpretations or otherwise.

Execution of this Contract by the VILLAGE is contingent upon receipt of Insurance Certificates provided by the PROVIDER in compliance with the CONTRACT DOCUMENTS.

SECTION 7: COMPLIANCE WITH LAWS: PROVIDER agrees to comply with all federal, state and local laws, ordinances, statutes, rules and regulations including but not limited to the Illinois Human Rights Act as follows: PROVIDER hereby agrees that this Contract shall be performed in compliance with all requirements of the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and that the PROVIDER and its subcontractors shall not engage in any prohibited form of discrimination in employment as defined in that Act and shall maintain a sexual harassment policy as the Act requires. The PROVIDER shall maintain, and require that its subcontractors maintain, policies of equal employment opportunity which shall prohibit discrimination against any employee or applicant for employment on the basis of race, religion, color, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental disability unrelated to the individual's ability to perform the essential functions of the job, association with a person with a disability, or unfavorable discharge from military service. PROVIDER and all subcontractors shall comply with all requirements of the Act and of the Rules of the Illinois Department of Human Rights with regard to posting information on employees' rights under the Act. PROVIDER and all subcontractors shall place appropriate statements identifying their companies as equal opportunity employers in all advertisements for workers to be employed in work to be performed under this Contract.

The PROVIDER shall obtain all necessary local and state licenses and/or permits that may be required for performance of the WORK and provide those licenses to the VILLAGE prior to commencement of the WORK.

SECTION 8: NOTICE: Where notice is required by the CONTRACT DOCUMENTS it shall be considered received if it is delivered in person, sent by registered United States mail, return receipt requested, delivered by messenger or mail service with a signed receipt, sent by facsimile or e-mail with an acknowledgment of receipt, to the following:

To the VILLAGE:

Denise Domalewski, Contract Administrator
Village of Orland Park
14700 South Ravinia Avenue
Orland Park, Illinois 60462
Telephone: 708-403-6173
Facsimile: 708-403-9212
e-mail: ddomalewski@orland-park.il.us

To the PROVIDER:

Michele Netherton, Business Development Manager
Ingalls Memorial Hospital
1 Ingalls Drive
Harvey, Illinois 60466
Telephone: 708-915-4806
Facsimile: 708-862-8057
e-mail: mnethert@ingalls.org

or to such other person or persons or to such other address or addresses as may be provided by either party to the other party.

SECTION 9: STANDARD OF SERVICE: SERVICES shall be rendered to the highest professional standards to meet or exceed those standards met by others providing the same or similar services in the Metropolitan Chicago area. Sufficient competent personnel shall be provided who with supervision shall complete the services required within the time allowed for performance. The PROVIDER'S personnel shall, at all times present a neat appearance and shall be trained to handle all contact with VILLAGE residents or VILLAGE employees in a respectful manner. At the request of the VILLAGE Manager or a designee, the PROVIDER shall replace any incompetent, abusive or disorderly person in its employ. *from the provision of services under this Agreement.*

SECTION 10: PAYMENTS TO OTHER PARTIES: The PROVIDER shall not obligate the VILLAGE to make payments to third parties or make promises or representations to third parties on behalf of the VILLAGE without prior written approval of the VILLAGE Manager or a designee.

SECTION 11: COMPANY PROPERTY: Upon expiration of this Contract or termination for any reason, PROVIDER will forthwith deliver and assign to the VILLAGE all the results performed by PROVIDER pursuant to this Contract including but not limited to all documents, records, notebooks and repositories of or containing secret, confidential or proprietary information concerning the VILLAGE or its business affairs or products, including all copies thereof in the PROVIDER's possession, whether prepared by the PROVIDER or others, and all other property of the VILLAGE in the PROVIDER's possession, including keys and access or security cards providing access to VILLAGE facilities or equipment. In the absence of permission by the VILLAGE, the PROVIDER will not at any time during the term or after termination of this Contract reveal, divulge or make known to any person outside the VILLAGE's business organization, or use for the PROVIDER's own account, any secret, confidential or proprietary information concerning the VILLAGE or its business, affairs or products (whether or not developed in whole or in part by the PROVIDER's efforts). The PROVIDER will at no time, either during the term or after termination of this Contract make any use of any such information except for the benefit of the VILLAGE.

THE PARTIES

SECTION 12: COMPLIANCE: PROVIDER shall comply with all of the requirements of the CONTRACT DOCUMENTS including, but not limited to, all other applicable local, state and federal statutes, ordinances, codes, rules and regulations.

SECTION 13: FREEDOM OF INFORMATION ACT COMPLIANCE: The Illinois Freedom of Information Act (FOIA) has been amended and effective January 1, 2010. This amendment adds a new provision to Section 7 of the Act which applies to public records in the possession of a party with whom the VILLAGE has contracted. The VILLAGE will have only a very short period of time from receipt of a FOIA request to comply with the request, and there is a significant amount of work required to process a request including collating and reviewing the information.

The undersigned acknowledges the requirements of FOIA and agrees to comply with all requests made by the VILLAGE for public records (as that term is defined by Section 2(c) of FOIA) in the undersigned's possession and to provide the requested public records to the VILLAGE within two (2) business days of the request being made by the VILLAGE. The undersigned agrees to indemnify and hold harmless the VILLAGE from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court costs and/or arbitration or other dispute resolution costs) arising out of or relating to its failure to provide the public records to the VILLAGE under this Contract.

SECTION 14: LAW AND VENUE: The laws of the State of Illinois shall govern this Contract and venue for legal disputes shall be Cook County, Illinois.

SECTION 15: MODIFICATION: This Contract may be modified only by a written amendment signed by both PARTIES.

SECTION 16: COUNTERPARTS: This Contract may be executed in two (2) or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Contract shall become effective on the date first shown herein and upon execution by duly authorized agents of the parties.

FOR: THE VILLAGE

By: _____

Print Name: Paul G. Grimes
Village Manager

Its: _____

Date: 2/20/15

FOR: THE PROVIDER

By: _____

Print Name: Kurt E. Johnson

Its: _____

Date: 2/12/15



Ingalls

Occupational Health Program

OCCUPATIONAL HEALTH PROGRAM

LETTER OF AGREEMENT

February 19, 2015

TO: Village of Orland Park

The purpose of this Letter of Agreement is to set forth terms of the agreement between the "Company" named above and Ingalls Memorial Hospital /dba Ingalls Occupational Health Program (the "Provider") for the provision of health care services. The services described in detail on Attachment B (Company Profile) will be provided upon request of the Company.

The Agreement, effective date as referenced above, is automatically renewable for consecutive one (1) year periods beginning January 1st of each following year. Revisions, termination or assignment of the Agreement must be mutually agreed upon in written form.

The Provider agrees to:

Obtain authorization from the Company or its insurance carrier/agent prior to delivering services. Provide the Company with verbal and written communication in a timely manner. Comply, when possible, with Company restricted/modified duty policy. Maintain patient confidentiality in compliance with State and Federal regulatory guidelines. Serve as a source for corporate health consultation. Maintain proper levels of malpractice and general liability insurance. Provide a detailed monthly billing statement to the Company or its designated health services agent. Provide insurance claim forms to the Company or its designated insurance carrier/claims agent for work related illness/injury treatment.

The Company agrees to:

Provide proper authorization when utilizing the Provider for services outlined on the Company Profile. Compensate the Provider directly, or through the Company's health services agent, within forty-five (45) days of invoice date for physical examinations and occupational health services outlined on the Company Profile.

Compensate the Provider directly, or through the Company's insurance carrier/claims administrator, within thirty (30) days of claim provision for work related illness/injury treatment. After sixty (60) days open balances may revert to patient as financial guarantor. Should the third party administrator or other such agent fail to promptly pay non-workman's compensation services, the company shall be responsible for said payment.

Notify the Provider of any changes necessary to maintain current information on the Company Profile (i.e. changes in the Company name or address, names and telephone numbers of personnel allowed to authorize care or receive medical reports, additions or deletions to the outline of services to be provided, any change in the Company's ownership and/or financial responsibility, or any changes in the carriers of Workers' Compensation or Group Health insurance coverage(s).

Both the Provider and the Company acknowledge that they are independent contractors with no employment relationship. If this Letter of Agreement accurately reflects your understanding of the occupational health services that you may request to be provided to personnel associated with your Company, sign and date this Letter of Agreement.

COMPANY:

Signed/Authorized Company Representative
Paul G. Grimes

Title: **Village Manager**

Date: **2/20/15**

PROVIDER:

Ingalls Memorial Hospital
dba / Ingalls Occupational Health Program

Michele Netherton, Business Development Mgr.

Date: _____

16246 Prince Drive
South Holland, IL 60473
708.915.4947

6701 W. 159th Street
Tinley Park, IL 60477
708.915.7569

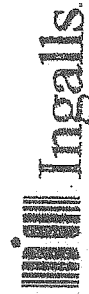
19550 Governors Highway
Flossmoor, IL 60422
708.915.8410

4742 West Cal Sag Road
Crestwood, IL 60445
708.361.0050

INGALLS OCCUPATIONAL HEALTH PROGRAM

COMPREHENSIVE SERVICE LIST

OCCUPATIONAL HEALTH SERVICES	REHABILITATION SERVICES	CONSULTANT SERVICES	HEALTH MANAGEMENT	BEHAVIORAL HEALTH
<p>Work Injury Treatment</p> <ul style="list-style-type: none"> - Calumet City, Flossmoor and Tinley Park Locations - 24/7 Capability - Fit for Duty/Return to Work - Work Status Communication - Case Tracking and Management - Customized Pricing and Billing - Employer Trending Reports - Coordination of Services on Campus: MRI, CT, X-ray, Ultrasound, Mammography <p>Laboratory</p> <ul style="list-style-type: none"> - Specialist Network Accessibility - Providing 24-48 Appointments - Immediate Feedback and Coordination Between Specialist, Case Manager & Medical Director <p>Physical Exams- DOT/NON-DOT</p> <p>Post Offer Screens</p> <p>Return to work Screens</p> <p>Drug/Alcohol Screens</p> <p>Multiple Access Points</p> <p>24/7 - Calumet City, Flossmoor, Tinley Park, and Crestwood</p> <p>Hair Collection</p> <p>Medical Review Officer (MRO) Services</p> <p>Transportation Services Available</p> <p>Additional Testing/Screening Available</p> <p>Audiogram, Respiator Fit Testing, Pulmonary Function Testing, EKG, Flu Vaccinations, HepB Vaccinations.</p> <p>On-Site Services</p>	<p>Case Management</p> <p>Work Conditioning Program</p> <p>Physical Capacity Testing</p> <p>General Body Reconditioning</p> <p>Back Screening</p> <p>Carpal Tunnel Treatment</p> <p>Multiple Access Points</p> <p>Calumet City, Flossmoor Harvey and Tinley Park</p> <p>Independent Medical Evaluation</p> <p>Evaluations for:</p> <ul style="list-style-type: none"> exercise cardiovascular <p>Disability Management (all lost time cases)</p> <p>Stretching Programs</p> <p>Injury Prevention</p>	<p>Drug Free Workplace Guidance</p> <p>Employee / Supervisor Back School</p> <p>Ergonomic Specialist</p> <p>Carpal Tunnel Prevention Program</p> <p>Ergonomic Work Site Evaluations</p> <p>Job Analysis at the Work Site</p> <p>First Aid / CPR Training Programs</p> <p>Blood Borne Pathogens</p> <p>FMLA</p> <p>Hearing Conservation Programs</p> <p>DOT Supervisor/Employee Compliance Training</p> <p>OSHA 300 Log Review</p> <p>DOT - Center of Excellence</p> <p>Work Site Nurse Program</p> <p>Drug/Alcohol Testing Policies</p> <p>Athletic Trainer</p> <p>Preventing Heat Stress</p> <p>NFPA Center for Excellence</p> <p>Fire Fighter & Law Enforcement Wellness</p> <p>Periodic Customized Case Review Management</p>	<p>Health Risk Assessments (HRA) Wellness Surveys</p> <p>Smoking Cessation Series</p> <p>Diabetes Education</p> <p>Health Risk Screenings</p> <p>Heart, Health, Cancer Diabetes, etc.</p> <p>Health Fair Coordination</p> <p>Flu / HepB Vaccinations</p> <p>Weight Management</p> <p>Stress Management Workshops</p> <p>Cardiac Risk Factor Classes</p> <p>Lipid Profile and BP Management</p> <p>Executive Physicals</p> <p>Alternative Therapies</p> <p>Job Analysis</p> <p>Fitness / Exercise Programs</p> <p>On-Site Screenings</p> <p>Back Education Classes</p> <p>Ingalls Sleep Centers</p> <p>Healthy Steps Program</p>	<p>Company Policy / Program Development</p> <p>How to reduce Stress Presentations</p> <p>Substance Abuse Awareness</p> <p>Family Services</p> <p>Chemical Dependency Services</p> <p>Clinical Specialist in Psychology and Neuropsychology</p> <p>Crisis Management</p> <p>24-Hour Access</p> <p>EAP / SAP</p> <p>Smoking Cessation</p>



Ingalls
Occupational Health Program

Safety Sensitive Physicals (DOT)

Component	Cost
Pre-employment DOT Physical	\$40.00
Vision Acuity/Color	\$0
Whisper Test	\$0
Urinalysis Dipstick	\$7.00
Dot Drug Screen	\$55.00
Total Cost Per Employee:	\$102.00

Component	Cost
Re-certification DOT Physical	\$40.00
Vision Acuity/Color	\$0
Whisper Test	\$0
Urinalysis Dipstick	\$7.00
Dot Drug Screen	\$55.00
Total Cost Per Employee:	\$102.00

Ingalls Occupational Health Program facilities are all certified DOT facilities and all of our providers are certified and registered on the national FMCSA registry.

POLICE DEPARTMENT**Type: Pre-placement Physical – Police Officer (Career & Reserve)**

Component	Cost
Routine Physical	\$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
CP Lab (UA micro; Chem20; Lipid Profile; FTI; CBC)	\$75.00
Audiogram	\$22.00
Pulmonary Function Test	\$40.00
Respirator Questionnaire Review	\$30.00
EKG	\$75.00
X-Ray, Chest (PA/LAT)	\$75.00
X-Ray Lumbar (3 views)	\$100.00
Cardiovascular Stress Test	\$300.00
TB Intradermal	\$20.00
Tdap (Pertussis, diphtheria & tetanus) (2 years since last Td)	\$60.00
Drug Screen Non-DOT	\$55.00
Hepatitis B Antibody (*See Note below for direction)	\$30.00
*If individual indicates that Hep B series has been given then Hep B Antibody is to be drawn. If patient indicates they have never received series, then Hep B series is to be started (follow CDC)	

Type: Pre-placement Physical – Police Officer /Clerical

Component	Cost
Routine Physical	\$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Audiogram	\$22.00
TB Intradermal	\$20.00
Tdap (Pertussis, diphtheria & tetanus) (2 years since last Td)	\$60.00
Drug Screen Non-DOT	\$55.00
Hepatitis B Antibody (*See Note below for direction)	\$30.00
*If individual indicates that Hep B series has been given then Hep B Antibody is to be drawn. If patient indicates they have never received series, then Hep B series is to be started (follow CDC)	

Pace Physical Exam

Component- Pre-employment DOT Physical (Pace)	Cost
Pre-employment DOT Physical (Pace)	\$40.00
Vision Acuity/Color	\$0
Whisper Test	\$0
Urinalysis Dipstick	\$7.00
Dot Drug Screen	\$55.00
Breathalyzer	\$20.00
Total Per Employee Cost:	\$122.00

Component-Re-certification DOT Physical (Pace)	Cost
Re-certification DOT Physical (Pace)	\$40.00
Vision Acuity/Color	\$0
Whisper Test	\$0
Urinalysis Dipstick	\$7.00
Drug Screen 10 panel non-dot	\$55.00
Total Per Employee Cost:	\$102.00

Component-Drug & Alcohol (Pace)	Cost
Drug Screen 10 panel Non-DOT (Pace) (Annual, Return to work after 30 days)	\$55.00
Breathalyzer Non-DOT (initial) (Return to work after 30 days)	\$20.00
DOT Drug Screen (Pre-employment, reasonable suspicion, random, post-accident, return to duty and follow up)	\$55.00
Breathalyzer DOT (initial) (Pre-employment, reasonable suspicion, random, post-accident, return to duty and follow up)	\$20.00
Breathalyzer DOT (confirmation)	\$35.00
*cost on a per employee basis	

Respirator Physical Exams

Component	Cost
Respirator Physical	\$30.00
Respirator OSHA Questionnaire Review	\$30.00
Spirometry	\$40.00
Respirator Fit Test Qualitative	\$40.00
Total Cost Per Employee:	\$140.00

Fitness for Duty Exams

Component	Cost
Fitness for Duty Physical- Level I	\$100.00
Fitness for Duty Physical- Level II	\$225.00
Fitness for Duty Physical- Level III	\$485.00

Fitness for duty is broken into three categories of levels of service. Every case starts at level one for each visit/scope of work time and does not elevate to the next level unless determined by the medical provider based upon certain physician functions necessary by the medical provider to determine fitness for duty such as but not limited to:

Multiple physician reviews, multiple office visits to clinic, multiple telephonic conversations with (PMD, consultants, WC Carrier, client) visit to job site/company (work capacity evaluation), meetings with HR, union representatives, validity testing, IME, FCE are examples of case level of progression to the next level. The client will be notified before a move to the next level.

Drug Testing DOT

Component	Cost
Drug Screen DOT- Ingalls Lab & Ingalls MRO	
Pre-employment DOT Drug Screen	\$55.00
Random DOT Drug Screen	\$55.00
Return to Duty DOT Drug Screen	\$55.00
Reasonable suspicion/reasonable cause DOT Drug Screen	\$55.00
Post-accident DOT Drug Screen	\$55.00
Follow up DOT Drug Screen	\$55.00
*costs listed above are on a per employee basis	

Breathalyzer Dot and Non-DOT

Component	Cost
Breathalyzer DOT (initial)	\$20.00
Breathalyzer DOT (confirmation)	\$35.00
Breathalyzer Non-DOT (initial)	\$20.00
Breathalyzer Non-DOT (Confirmation)	\$35.00

The Breathalyzer service listed above is based upon each employee visit, the initial Breathalyzer is completed and if negative the testing is complete. If a confirmation test is required to determine alcohol level then a second test called the confirmation test is completed.

Immunizations

Component	Cost
Tdap (Tetanus, Diphtheria, Pertussis)	\$60.00 per vaccine
TD (Tetanus/Diphtheria)	\$25.00 per vaccine
TB Intradermal	\$20.00 per vaccine
TB Read Only	\$0
Hepatitis B Antibody	\$30.00
Hepatitis B Vaccine # 1	\$60.00 per vaccine
Hepatitis B Vaccine # 2	\$60.00 per vaccine
Hepatitis B Vaccine # 3	\$60.00 per vaccine
Hepatitis C Antibody	\$30.00
Hepatitis A Antibody	\$30.00
Hepatitis A Vaccine #1	\$70.00 per vaccine
Hepatitis A Vaccine #2	\$70.00 per vaccine
Flu Vaccine	\$30.00 per vaccine

Additional Services

Component	Cost
Routine Physical (Non-Safety Sensitive Employees)	\$40.00
Audiogram	\$22.00
Vision Acuity/Color	\$20.00
Vision Titmus	\$20.00
Vision Ishihara	\$ 7.00
Lead Profile	\$100.00
Lead Level	\$30.00
Lead/ZPP	\$50.00
Police Agility/Power Exam	\$75.00
Transportation Services (15 mile radius)	\$15.00

- Injury Treatment:
 - Injury billing is applied in accordance with the Illinois Workers' Compensation Act the Fee Schedule
 - Unified Health Services is Third Party Administrator for injury related services.
 - Unified Health Services
P.O. Box 1000 Dept. 380
Memphis, TN 38148
- Wellness and Prevention
 - A minimum of 20 employees need to participate or an onsite fee will be assessed.
 - Healthaware- Wellness Programs
 - Health Risk Assessments designed for early detection and screening:
 - Cardiovascular Diseases
 - Diabetes
 - Sleep Disorders
 - On-site measurement of blood pressure, BMI and waist circumference.
 - Paper scantron HRA completed by participants
 - At-risk individuals qualify for free fasting lipid profile and blood glucose test.
 - At-risk individuals will receive a follow up phone calls by an Ingalls Healthaware Nurse Navigator.

Additional Services

- Additional Programs that can be included in company's wellness programs.
(additional fee of 150.00 per session/per hour)
 - Asthma Screening
 - Skin Cancer Screening
 - Smoking Cessation Programs
- Lifestyle & Prevention Presentations (additional fee of 150.00 per session/per hour)
 - Hello Fitness-Farewell Flab
 - Workout Smarter, Not Harder
 - Don't Let you 1st Symptom be Your Last-Are you at risk for a heart attack?
 - Eating for a healthier you.
 - Cholesterol: Ways to improve your levels
 - Spice up your life-Tips to lower sodium
 - Make fiber your friend
 - Belly Fat: Ways to reduce your midsection
 - Yo-Yo Madness
 - Portion Distortion

Exposure Protocol

Exposure panel

If a patient is exposed to blood products, contaminate-

Patient is seen as an injury in the clinic and the labs will be drawn as follows:

1. Initial injury
2. 6 weeks
3. 12 weeks
4. 6 months

BLOODBORNE PATHOGENS POST-EXPOSURE MANAGEMENT GUIDELINES

INITIAL DRAW

1. HBS ANTIGEN
2. HEPATITIS B ANTIBODY (ANTI-HBS)
3. ANTI-HCV
4. HIV ANTIBODY (HIVSO)
5. RPR
6. SGPT

6 WEEK DRAW

1. HEP-C RNA BY PCR
2. RPR
3. HIV ANTIBODY (HIVSO)
4. SGPT

12 WEEK DRAW

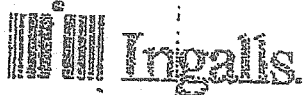
1. HIV ANTIBODY (HIVSO)-ONLY

6 MONTH DRAW

1. ANTI-HCV
2. SGPT
3. HIV ANTIBODY (HIVSO)

**NOTE: IF SOURCE PT KNOWN AND BLOOD WAS OBTAINED
THE FOLLOWING LABS SHOULD BE COMPLETED**

1. HIV ANTIBODY (SUDS)
2. RPR
3. HBS ANTIGEN (HBsAG)
4. ANTI-HCV



Occupational Health Program



1600 Torrence Ave
Calumet City IL 60409
708-915-4947



6701 W 159th St
Tinley Park IL 60477
708-915-7569



19550 Governors Hwy
Flossmoor IL 60422
708-915-8410

PATIENT APPOINTMENT DATES FOR
FOLLOW UP TESTING DUE TO
EXPOSURE OCCURENCE

Patient Name: _____

- Initial Date of Exposure _____
- 6 Week Follow Up _____
- 12 Week Follow Up _____
- 6 Month Follow Up _____

I have been informed of the importance of coming back to the Ingalls
Occupational Health clinic for follow up exposure testing.

Patient Signature

Date

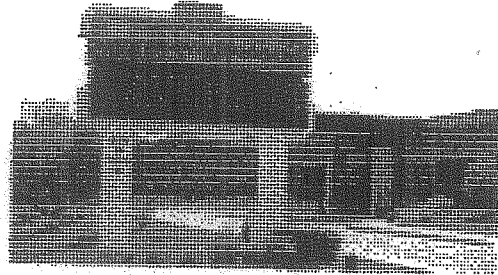
Witness

Date

Proximity to Village Facilities

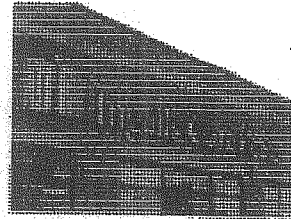
Village Hall

- Tinley Park
5.7 miles
11 minutes
- Crestwood
8.5 miles
15 minutes
- South Holland
12.5 miles
23 minutes
- Flossmoor
18.0 miles
24 minutes



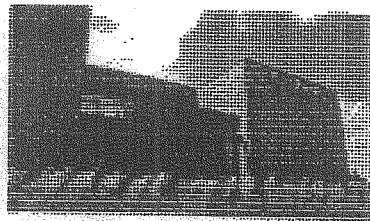
Police Department

- Tinley Park
4.9 miles
10 minutes
- Crestwood
9.4 miles
17 minutes
- South Holland
13.9 miles
25 minutes
- Flossmoor
17.1 miles
22 minutes



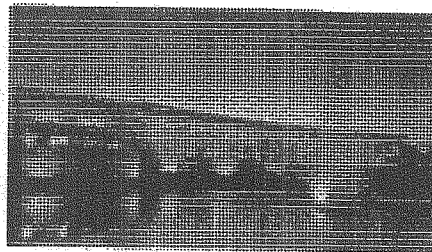
Fire Department

- Tinley Park
4.7 miles
8 minutes
- Crestwood
8.1 miles
14 minutes
- South Holland
13.7 miles
24 minutes
- Flossmoor
14.3 miles
23 minutes



Public Works

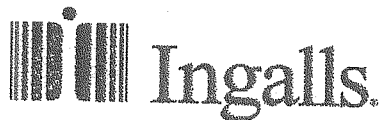
- Tinley Park
4.4 miles
9 minutes
- Crestwood
9 miles
17 minutes
- South Holland
13.5 miles
25 minutes
- Flossmoor
16.6 miles
21 minutes



Tinley Park Clinic Staff

- Staffing involved in occupational health services include, but are not limited to:
 - Program Assistant
 - Schedules patient appointments, greets patients and provides him/her with the necessary paperwork. Registers patient and assigns protocols in accordance with the company profile.
 - Medical Assistant
 - Performs the necessary testing/services with the patient, makes sure all paperwork/forms are completed.
 - Lead Medical Assistant
 - Further review of patient experience and process, audits all paperwork/forms for completion and makes sure all data is entered into computer system for results, communicates to employer as required.
 - Medical Provider
 - Ensures that the health exam is in compliance within company specifications.
 - Nurse Supervisor
 - Reviews all applicable orders and services performed, and the convenience of all appointments. Ensures that the services were performed in a timely fashion, and results were also sent in a reasonable time frame.
 - Program Manager
 - Ensures all applicable services are completed, processed, and entered into our medical systems. Responsible for making sure the reports were entered in a complete and efficient manner. Determines format and accuracy of billing invoice based on services provided.

- Dr. Amjad Akhtar, D.O. – *Systems Medical Director* – 13 years
- Deb Paarlberg – *Nurse Supervisor* – 10 years
- Pat McKenna – *Operations Manager* – 26 years
- Mary Koeppen – *Director* - 22 years
- Norma Lugo – *Lead Medical Assistant* – 18 years
- Lynne Carman – *Nurse Case Manager* – 7 years
- Michele Netherton – *Business Development Manager* – 10 years
- Mary Smerz – *Registered Medical Assistant* – 15 years
- Maricruz Piceno – *Registered Medical Assistant* – 7 years
- Stephanie McClendon – *Certified Medical Assistant* – 9 years
- Jennifer Bautista – *Program Assistant* – 19 years



Occupational Health Program

Clinical Contacts

Nurse Supervisor	Deb Paarlberg 1600 Torrence Ave. Calumet City, IL 60409 Direct: 708.915.4815 Pager: 708.266.0264 Fax: 708.915.4883 dpaarlbe@ingalls.org
Program Manager	Pat McKenna 1600 Torrence Ave. Calumet City, IL 60409 Direct: 708.915.4823 Fax: 708.915.4883 pmckenna@ingalls.org
Lead Medical Assistant	Norma Lugo 6701 W. 159 th Street Tinley Park, IL 60477 Direct: 708.915.7569 Fax: 708.915.7582 nlugo@ingalls.org
Occupational Health Program Director	Mary Koeppen 19550 Governors Highway Flossmoor, IL 60422 Direct: 708.915.8414 Fax: 708.915.8574 mkoeppen@ingalls.org
Nurse Case Manager	Lynne Carman 1600 Torrence Ave. Calumet City, IL 60409 Direct: 708.915.4807 lcarman@ingalls.org
Systems Medical Director	Amjad Akhtar, D.O. 1600 Torrence Ave. Calumet City, IL 60409 Direct: 708.915.4965 Mobile: 773.960.6729 Fax: 708.868.8127 aakhtar@ingalls.org
Business Development Manager	Michele Netherton 1600 167 th Street Ste. 400 Calumet City, IL 60409 Direct: 708.915.4806 Mobile: 708.439.6205 Fax: 708.862.8057 (secure) mnethert@ingalls.org

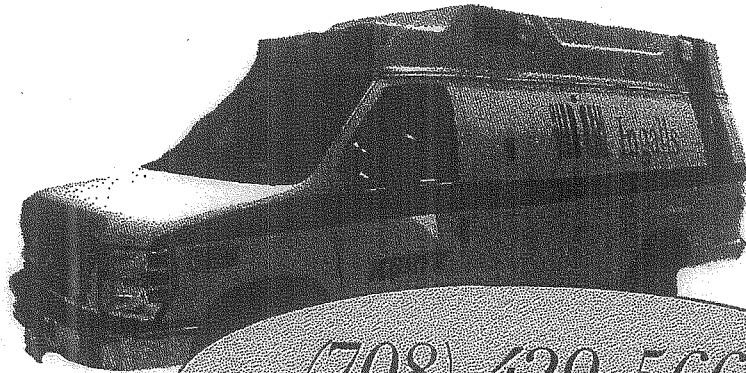
Ingalls Occupational Health Onsite Program

- Onsite Program
 - Ingalls provides an extensive onsite program, including drug/breathalyzer, respirator testing, fit testing, and our wellness health aware program.
 - Random drug/alcohol program.
 - Employees are chosen quarterly and the list is communicated to the company DER by our random coordinator. Our Onsite Coordinator will schedule the onsite for testing to be completed at the company.
 - DOT Drug/Alcohol Testing
 - Non-DOT Drug/Alcohol Testing
 - Additional Employer Services Onsites Available:
 - Spirometry
 - Respirator Questionnaire Review
 - Hep B
 - Tdap, TD
 - TB
 - Flu Shots
 - Healthaware- Wellness Programs
 - Health Risk Assessments designed for early detection and screening:
 - Cardiovascular Diseases
 - Diabetes
 - Sleep Disorders
 - On-site measurement of blood pressure, BMI and waist circumference.
 - Paper scantron HRA completed by participants
 - At-risk individuals qualify for free fasting lipid profile and blood glucose test.
 - At-risk individuals will receive a follow up phone calls by an Ingalls Healthaware Nurse Navigator.
 - Additional Programs that can be included in company's wellness programs. (additional fee)
 - Asthma Screening

- "Ask the Provider" The doctor or PA talks with employees regarding the adult preventive care guidelines (see enclosed)
 - Chair Massage
 - Glucose finger checks
- Lifestyle & Prevention Presentations (additional fee)
- Hello Fitness-Farewell Flab
 - Workout Smarter, Not Harder
 - Don't Let your 1st Symptom be Your Last-Are you at risk for a heart attack?
 - Eating for a healthier you.
 - Cholesterol: Ways to improve your levels
 - Spice up your life-Tips to lower sodium
 - Make fiber your friend
 - Belly Fat: Ways to reduce your midsection
 - Yo-Yo Madness
 - Portion Distortion

Billing-Ingalls Occupational Health Program

- Injury Billing:
 - Injury billing is applied in accordance with the Illinois Workers' Compensation Act the Fee Schedule
 - Unified Health Services is Third Party Administrator for injury related services.
 - Unified Health Services
P.O. Box 1000 Dept. 380
Memphis, TN 38148
- Employer Services
 - Written Inquiries to:
 - Ingalls Occupational Health Program
Business/Billing Office
1600 Torrence Avenue
Calumet City, IL 60409
 - Customer Service Contacts:
Pat McKenna, Program Manager, 708-915-4823
Andrea 708-915-4892
Antoinette 708-915-4889
Fax 708-915-4883
 - Payments to:
 - Ingalls Occupational Health Program
75 Remittance Drive, Suite 1660
Chicago, IL 60675-1660



(708) 429-5669
24-7 Dispatch

Ingalls Occupational Medicine Medicar Service

Ingalls Medicar

Now available exclusively to Ingalls Occupational Medicine and Ingalls Urgent Aid Centers is 24/7 dedicated medicar service. Medicar service may be utilized for customers of Ingalls Occupational Medicine to transfer employees to and from the company and any Ingalls Occupational Medicine location.

Highlights

- *24/7 Availability*
- *Dedicated dispatch*
- *GPS vehicle tracking*
- *Dedicated full-time personnel*
- *Always on-site at an Ingalls property*
- *Medicar and staff represent Ingalls*

Simultaneous Need

Every time you call for the Ingalls Transport Team the dispatcher will give you an accurate Estimated Time of Arrival.

Medicar Transport

Available within a 15-mile radius of the Occupational Medicine Clinics.


Operated By
Kurtz Ambulance Service, Inc.
(815) 485-3700 fax
www.kurtzems.com

PROPOSAL SUMMARY SHEET

Occupational Health Services

Project Name

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: The INGALLS Memorial Hospital
Street Address: 1 INGALLS DRIVE
City, State, Zip: Harvey LA 70464
Contact Name: Michele Netherton
Phone: 708-915-4804 Fax: 708-862-8057
E-Mail address: MNether + @INGALLS.org
FEIN#: 36-2170866
Signature of Authorized Signee: 
Title: PRESIDENT & CEO
Date: 9-11-14

ACCEPTANCE: This proposal is valid for 90 calendar days from the date of submittal.

BUSINESS ORGANIZATION:

_____ Sole Proprietor: An individual whose signature is affixed to this proposal.

_____ Partnership: Attach sheet and state full names, titles and address of all responsible principals and/or partners. Provide percent of ownership and a copy of partnership agreement.

X Corporation: State of incorporation: Illinois
Provide a disclosure of all officers and principals by name and business address, date of incorporation and indicate if the corporation is authorized to do business in Illinois.

In submitting this proposal, it is understood that the Village of Orland Park reserves the right to reject any or all proposals, to accept an alternate proposal, and to waive any informalities in any proposal.

In compliance with your Request for Proposals, and subject to all conditions thereof, the undersigned offers and agrees, if this proposal is accepted, to furnish the services as outlined.

The Ingalls Memorial Hospital (Corporate Seal)
Business Name

[Signature]
Signature

Kurt E. Johnson
Print or type name

PRESIDENT & CEO
Title

9-11-14
Date

**CERTIFICATION OF ELIGIBILITY
TO ENTER INTO PUBLIC CONTRACTS**

IMPORTANT: **THIS CERTIFICATION MUST BE EXECUTED.**

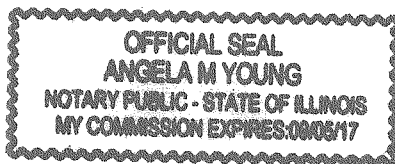
I, Kurt E. Johnson, being first duly sworn certify
and say that I am President
(insert "sole owner," "partner," "president," or other proper title)
of INSALL Memorial Hospital, the Prime Contractor
submitting this proposal, and that the Prime Contractor is not barred from contracting with any unit of
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.



Signature of Person Making Certification

Subscribed and Sworn To
Before Me This 11 Day
of September, 2014

Angela M. Young
Notary Public



SEXUAL HARASSMENT POLICY

Please be advised that pursuant to 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 written sexual harassment policies that shall include, 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) and the Commission (Human Rights 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."

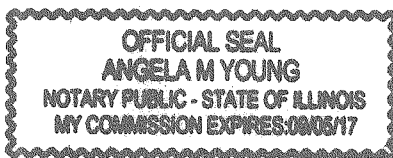
_____, having submitted a proposal for
INGALLS MEMORIAL HOSPITAL (Name of Contractor) for
OCCUPATIONAL HEALTH SERVICES (General Description of Work Proposed on) to the Village of Orland Park, hereby certifies that said contractor has a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4).

By: _____

Authorized Agent of Contractor

Subscribed and Sworn To
Before Me This 11 Day
of September, 2014

Angela M. Young
Notary Public



EQUAL EMPLOYMENT OPPORTUNITY

Section I. This EQUAL EMPLOYMENT OPPORTUNITY CLAUSE is required by the Illinois Human Rights Act and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq.

Section II. In the event of the Contractor'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 (hereinafter referred to as the Department) the Contractor 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.

During the performance of this Agreement, the Contractor agrees:

- A. That it will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or ancestry; and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization.
- B. That, if it hires additional employees in order to perform this Agreement, or any portion hereof, it will determine the availability (in accordance with the Department's Rules and Regulations for Public Contracts) of minorities and women in the area(s) from which it may reasonably recruit and it will hire for each job classification for which employees are hired in such a way that minorities and women are not underutilized.
- C. That, in 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.
- D. That it will 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.
- E. That it will 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.
- F. That it will 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.
- G. That it will 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 Vendor 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 Vendor 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.

Section III. For the purposes of subsection G of Section II, "subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Vendor and any person under which any portion of the Vendor'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 Vendor or other organization and its customers.

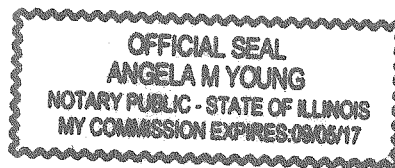
ACKNOWLEDGED AND AGREED TO:

BY: 

DATE: 9-11-14

Subscribed and Sworn To
Before Me This 11 Day
of September 20 14

Angela M. Young
Notary Public



TAX CERTIFICATION

I, Andrew Sefo, having been first duly sworn depose and state as follows:

I, Andrew Sefo, am the duly authorized agent for Ingalls Memorial Hospital, which has submitted a proposal to the Village of Orland Park for Occupational Health Services and I hereby certify
(Name of Project)

that Ingalls Memorial Hospital is not delinquent 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

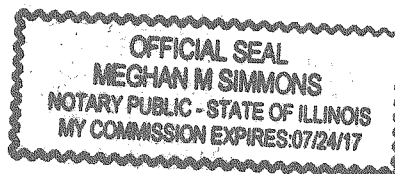
b. it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

By: [Signature]

Title: CFO + SR.VP Finance

Subscribed and Sworn To
Before Me This 11 Day
of September, 2014

[Signature]
Notary Public



INSURANCE REQUIREMENTS

Please submit a policy Certificate of Insurance showing bidder's current coverage's

WORKERS COMPENSATION & EMPLOYER LIABILITY

\$500,000 – Each Accident \$500,000 – Policy Limit
\$500,000 – Each Employee

AUTOMOBILE LIABILITY

\$1,000,000 – Combined Single Limit

GENERAL LIABILITY (Occurrence basis)

\$1,000,000 – Each Occurrence \$2,000,000 – General Aggregate Limit
\$1,000,000 – Personal & Advertising Injury

\$2,000,000 – Products/Completed Operations Aggregate

Additional Insured Endorsement & Waiver of Subrogation in favor of the Village of Orland Park

EXCESS LIABILITY (Umbrella-Follow Form Policy)

\$10,000,000 – Each Occurrence \$2,000,000 – Aggregate

EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

INSURANCE AGENT ERRORS AND OMISSIONS LIABILITY

Limit- \$10,000,000

(A Copy of Policy Declarations Page must be submitted with response)

Any insurance policies providing the coverages required of the Contractor, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, employees 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." If the named insureds have other applicable insurance coverage, that coverage shall be deemed to be on an excess or contingent basis. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability. 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. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsement however, shall not be a waiver of the contractor's obligation to provide all of the above insurance.

The bidder agrees that if they are the selected contractor, within ten days after the date of notice of the award of the contract and prior to the commencement of any work, you will furnish evidence of Insurance coverage providing for at minimum the coverages and limits described above directly to the Village of Orland Park, Denise Domalewski, Contract Administrator, 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 selected bidder and the bid will be awarded to the next lowest bidder or result in creation of a new bid.

ACCEPTED & AGREED THIS 11 DAY OF September, 2014

Signature

Printed Name & Title

Kurt E. Johnson

PRESIDENT & CEO

Authorized to execute agreements for:

Name of Company

Ingalls Health System



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2014

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
Integro USA Inc.
dba Integro Insurance Brokers
190 South LaSalle Street
Suite 2000
Chicago, IL 60603
1-312-780-8000

CONTACT
NAME:
PHONE
(A/C, No, Ext): FAX
(A/C, No):
E-MAIL
ADDRESS: Sarah.Hanson@integrogroupp.com

INSURED
Ingalls Health System

71 W. 156 Street
Suite 500
Harvey, IL 60426

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Indemnity Ins. Co.	
INSURER B:	Safety National Casualty Corp.	
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 41409593

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	POLICY PRO-JECT LOC						\$
A	AUTOMOBILE LIABILITY			PHPK1198460	07/01/14	07/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
B	Excess Workers Comp			AGC4051413	07/01/14	07/01/15	E.L. DISEASE - POLICY LIMIT \$
							Each Accident 1,000,000
							Each Employee 1,000,000
							Policy Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Village of Orland Park and their respective officers, trustees, directors, employees, 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 names insured.

CERTIFICATE HOLDER

CANCELLATION

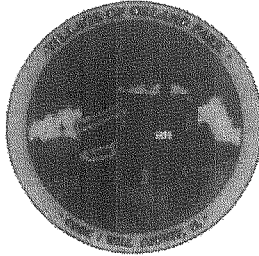
The Village of Orland Park

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

Sarah C. Hanson

VILLAGE OF ORLAND PARK, ILLINOIS



REQUEST FOR PROPOSALS

ADDENDUM NO. 1 OCCUPATIONAL HEALTH SERVICES

Date: Friday, September 5, 2014
To: All Potential Respondents
From: Village of Orland Park
RE: Responses to Questions Received

This Addendum No. 1 is being issued to provide responses to questions submitted in response to the Village of Orland Park's Request for Proposals (RFP) for the above mentioned project. All provisions and requirements of the RFP documents shall remain in effect. The question and answer period for this RFP is closed.

All addenda must be acknowledged by signing the Addendum and including it with your submittal. Failure to include a signed formal Addendum with your submittal may deem the submittal non-responsive; provided, however, that the Village may waive this requirement if in its best interest.

The following provides responses to questions submitted for this RFP:

1. Would you be able to tell me how many candidates the city would be needing and for what specific job titles you are needing?

Response: The Village hires a number of employees each year. At this time, a pre-employment physical and drug screen is required for all of the new employees hired into a regular full-time or regular part-time position. We average about 15 full-time, 100 part-time and about 300 seasonal hires each year.

Job descriptions will be provided to the successful proposer outlining the job duties and physical demands of each position. The pre-employment exam should include the appropriate exam parameters related to the demands of the position. Some of the position types include office, maintenance, public safety (police), recreation instructors, bus drivers, etc.

Below are estimated quantities needed annually. Quantities listed are estimates only and do not represent a firm commitment. Services shall be provided on an as-needed basis.

Annual Contract Services	Qty.
Pre-employment exams (for general office, part-time non-safety sensitive maintenance, public safety personnel, recreation instructors, and bus drivers, etc.)	130
Pre-employment exams (for positions that require a DOT exam and DOT drug screen for safety sensitive maintenance and bus/van driver positions)	15
Pre-employment vision exams and drug screens (conducted on-site at a specified Village location during the second week in May)	170
Pre-employment drug screens (processed in May – June of each year)	100
DOT exams and drug screens	30
Return to work exams (for various position types)	50
Hepatitis A, B, or other vaccinations	20
DOT random drug or breath alcohol screens	75

2. I want to confirm that this RFP is for a physician to provide Occupational Health Evals & treatment for injured workers & pre-employment testing, etc. Are you expecting this physician to also provide Physical Therapy services? Accelerated Physical Therapy can provide those services. Please let me know if we should be putting a bid in for this service.

Response: The RFP is for Occupational Health Services. Our primary needs include pre-employment, return to work exams, and annual and bi-annual exams for the PACE (FTA regulated) program. As well as drug and alcohol test collection.

We are not expecting the physician to provide physical therapy. Should our employees wish to treat with the occupational health provider they can do so at their own discretion. It is not an expectation of the Village that this would be included in the Occupational Health Services proposals.

3. Do you know who the current provider is?

Response: Midwest Environmental Medicine

4. Can we get details of all Vaccinations needed, any others besides whats listed?

Response: Hep A and Hep B, Tetanus and TDap may be provided as needed for specific positions and or due to exposure. TB screenings may be provided as needed for specific positions or due to exposure. Other vaccinations may be provided based on recommendation of the occupational health provider and as needed.

5. [Can we get] details on Respiratory exam, For TB?

Response: The respiratory exam would be in accordance with the OSHA Respirator Medical Evaluation for employees that are required to wear a respirator. Spirometry exam and review of OSHA Respirator medical Evaluation Questionnaire is needed.

6. [Can we get] details on post exposure screening exam?

Response: A baseline post exposure exam would be conducted either by the ER or by our occupational health provider depending on the incident. The occupational health provider is responsible for establishing and administering the follow-up testing at 3 months, 6 months, etc.

7. Is there a mile range from clinic to Orland Park? Does the facility need to be within a certain mileage of Orland Park?

Response: There is a preference of a facility within 10 miles of Orland Park.

The RFP Submittal date remains Friday, September 12, 2014 at 11:00 A.M.

Addendum No. 1, Dated Friday, Sept 5, 2014

Signature of Authorized Signee: 

Organization: INSALLS Memorial Hospital

Title: PRESIDENT + CEO

Date: 9-11-14