Agenda Item No.: 388-

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: Se	ptember 11, 2012	(X) Consent () Ordinance	() Regular) Public Hearing
Department				
Submitted By:	Medical Examiner's	Office		
Submitted For:	Medical Examiner's	Office		

I. EXECUTIVE BRIEF

Motion and Title: Staff Recommends Motion to Approve: A contract with Rockledge HMA, LLC, d/b/a Wuesthoff Reference Laboratory to provide forensic toxicology and histology testing for the period July 1, 2012 through June 30, 2017 in an amount not to exceed \$1,125,000.

Summary: Wuesthoff Reference Laboratory contract includes a fee schedule with a comprehensive drug panel being completed for a flat rate of \$165.00 per case, instead of a separate fee for each test. A comprehensive drug panel is defined as the detection and quantitation of alcohols, carbon monoxide, and the drugs listed in Exhibit "B" to the contract in blood, urine and vitreous fluid from the submitted Medical Examiner case. This fee schedule has helped in reducing the funding needed to cover toxicology testing. Additional tests for drugs not included in the panel are done at the discretion of the Medical Examiner's Office and fees are separate, with a fee schedule attached. Wuesthoff Reference Laboratory's costs include the cost of the pickup, delivery, storage and return and/or destruction of specimens. The type of services provided in the contract are exempt from the Purchasing Code. <u>Countywide</u> (PGE)

Background and Policy Issues: Wuesthoff Reference Laboratory began toxicology specimen testing for the Palm Beach County Medical Examiner Office on June 1, 2001. Due to the elimination of in-house histology testing in 2002, the contract with Wuesthoff was amended to include the addition of histology testing. There continues to be a rise in Medical Examiner autopsy cases, resulting in additional forensic laboratory testing, as well as histology testing, to determine the cause of death. The continued rise in drug-related deaths also causes significant increases in the amount of testing needed. In 2008, a new fee schedule to include comprehensive drug panel that includes many tests was established that has helped to reduce the total costs associated with the toxicology testing needed. Wuesthoff will provide services as set forth in the attached fee schedule, with the comprehensive drug panel being \$165.00 and separate fees for additional tests needed. These services include the storage of specimens for two years, then the return of specimens on homicide cases and destruction of all other specimens that are over two years of age.

Attachments:

A. Contract for Wuesthoff Reference Laboratory (2) B. Signature of Authority

Recommended by:	mulil Bell	8/30/12
-	Department Director	Date
Approved by:	111 Alentato	8/30/12
Approved by:	Assistant County Administrator	Date

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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures Operating Costs External Revenues	<u>56,250</u>	<u>225,000</u>	<u>225,000</u>	<u>225,000</u>	<u>225,000</u>
Program Income (Count In-Kind Match (County) NET FISCAL IMPACT	<u>56,250</u>	<u>225,000</u>	<u>225,000</u>	<u>225,000</u>	<u>225,000</u>
# ADDITIONAL FTE POSITIONS (Cumulative)				
ls Item Included in Curre Budget Account No.: Fu	nd <u>0001</u>		<u>670</u> U	<u>No_</u> nit_4100	Object <u>3431</u>

- B. Recommended Sources of Funds/Summary of Fiscal Impact: Costs will be covered by County ad valorem funds
 Fund: General Fund
 Unit: Medical Examiner
- C. Departmental Fiscal Review: Stiphani Sepoke 8/2/12

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

ÉME Legal Sufficiency: ₿. 8/30/1Z

3/12

Assistant County Attorney

C. Other Department Review:

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

2

CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES

This Contract is made as of the ______ day of _____, 2012, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Rockledge HMA, LLC, d/b/a Wuesthoff Reference Laboratory, a company authorized to do business in the State of Florida, hereinafter referred to as the CONSULTANT or WUESTHOFF, whose Federal I.D. is 273142075.

In consideration of the mutual promises contained herein, the COUNTY and the CONSULTANT agree as follows:

ARTICLE 1 - SERVICES

The CONSULTANT'S responsibility under this Contract is to provide professional/consultation services in the area of forensic toxicology testing, as more specifically set forth in the Scope of Work detailed in Exhibit "A."

The COUNTY'S representative/liaison during the performance of this Contract shall be Michael D. Bell, M.D., whose telephone no. is 561-688-4575.

The CONSULTANT'S representative/liaison during the performance of this Contract shall be Nancy P. Williams, whose telephone no. is 321-255-8052.

ARTICLE 2 - SCHEDULE

The CONSULTANT shall commence services on July 1, 2012 and complete all services by June 30, 2017.

Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in Exhibit "A."

ARTICLE 3 - PAYMENTS TO CONSULTANT

A. The total amount to be paid by the COUNTY under this Contract for all services and materials, with no "out of pocket" expenses, shall not exceed a total contract amount of one million, one hundred and twenty-five thousand Dollars (\$1,125,000.00). The CONSULTANT shall notify the COUNTY's representative in writing when 90% of the "not to exceed amount" has been reached. The CONSULTANT will bill the COUNTY on a monthly basis, or as otherwise provided, at the amounts set forth in Exhibit "B" for services rendered toward the completion of the Scope of Work. Where incremental billings for partially completed items are permitted, the total billings shall not exceed the estimated percentage of completion as of the billing date.

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Attachment #

- B. Invoices received from the CONSULTANT pursuant to this Contract will be reviewed and approved by the COUNTY's representative, to verify that services have been rendered in conformity with the Contract. Approved invoices will then be sent to the Finance Department for payment. Invoices will normally be paid within thirty (30) days following the COUNTY representative's approval.
- C. Final Invoice: In order for both parties herein to close their books and records, the CONSULTANT will clearly state "final invoice" on the CONSULTANT'S final/last billing to the COUNTY. This shall constitute CONSULTANT'S certification that all services have been properly performed and all charges and costs have been invoiced to Palm Beach County. Any other charges not properly included on this final invoice are waived by the CONSULTANT.

ARTICLE 4 - TRUTH-IN-NEGOTIATION CERTIFICATE

Signature of this Contract by the CONSULTANT shall also act as the execution of a truth-innegotiation certificate certifying that the wage rates, over-head charges, and other costs used to determine the compensation provided for in this Contract are accurate, complete and current as of the date of the Contract and no higher than those charged the CONSULTANT'S most favored customer for the same or substantially similar service.

The said rates and costs shall be adjusted to exclude any significant sums should the COUNTY determine that the rates and costs were increased due to inaccurate, incomplete or noncurrent wage rates or due to inaccurate representations of fees paid to outside consultants. The COUNTY shall exercise its rights under this Article 4 within three (3) years following final payment.

ARTICLE 5 - TERMINATION

This Contract may be terminated by the CONSULTANT upon sixty (60) days' prior written notice to the COUNTY's representative in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Contract through no fault of the CONSULTANT. It may also be terminated, in whole or in part, by the COUNTY, with or without cause, immediately upon written notice to the CONSULTANT. Unless the CONSULTANT is in breach of this Contract, the CONSULTANT shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice and except as otherwise directed by the COUNTY the CONSULTANT shall:

- A. Stop work on the date and to the extent specified.
- B. Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- C. Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- D. Continue and complete all parts of the work that have not been terminated.

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ARTICLE 6 - PERSONNEL

The CONSULTANT represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

All of the services required hereinunder shall be performed by the CONSULTANT or under its supervision, and all personnel engaged in performing the services shall be fully qualified and, if required, authorized or permitted under state and local law to perform such services.

Any changes or substitutions in the CONSULTANT'S key personnel, as may be listed in Exhibit "A," must be made known to the COUNTY'S representative and written approval must be granted by the COUNTY's representative before said change or substitution can become effective.

The CONSULTANT warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field.

All of the CONSULTANT'S personnel (and all Subcontractors), while on County premises, will comply with all COUNTY requirements governing conduct, safety and security.

ARTICLE 7 - SUBCONTRACTING

The COUNTY reserves the right to accept the use of a subcontractor or to reject the selection of a particular subcontractor and to inspect all facilities of any subcontractors in order to make a determination as to the capability of the subcontractor to perform properly under this Contract. The CONSULTANT is encouraged to seek additional small business enterprises for participation in subcontracting opportunities. If the CONSULTANT uses any subcontractors on this project the following provisions of this Article shall apply:

If a subcontractor fails to perform or make progress, as required by this Contract, and it is necessary to replace the subcontractor to complete the work in a timely fashion, the CONSULTANT shall promptly do so, subject to acceptance of the new subcontractor by the COUNTY.

The Palm Beach County Board of County Commissioners has established a minimum goal for SBE participation of 15% on all County solicitations.

The CONSULTANT agrees to abide by all provisions of the Palm Beach County Code establishing the SBE Program, as amended, and understands that failure to comply with any of the requirements will be considered a breach of contract.

The CONSULTANT understands that each SBE firm utilized on this Contract must be certified by Palm Beach County in order to be counted toward the SBE participation goal.

The CONSULTANT shall provide the COUNTY with a copy of the CONSULTANT's contract with any SBE subcontractor or any other related documentation upon request.

The CONSULTANT understands the requirements to comply with the tasks and proportionate dollar

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amounts throughout the term of this Contract as it relates to the use of SBE firms.

The CONSULTANT will only be permitted to replace a certified SBE subcontractor who is unwilling or unable to perform. Such substitutions must be done with another certified SBE in order to maintain the SBE percentages established in this Contract. Requests for substitutions of SBE's must be submitted to the COUNTY's representative and to the Office of Small Business Assistance.

The CONSULTANT shall be required to submit to the COUNTY Schedule 1 (Participation of SBE-M/WBE Contractors) and Schedule 2 (Letter of Intent) to further indicate the specific participation anticipated, where applicable.

The CONSULTANT agrees to maintain all relevant records and information necessary to document compliance pursuant to Palm Beach County Code, Chapter 2, Article III, Sections 2-71 through 2-80.13 and any revisions thereto, and will allow the COUNTY to inspect such records.

ARTICLE 8 - FEDERAL AND STATE TAX

The COUNTY is exempt from payment of Florida State Sales and Use Taxes. The COUNTY will sign an exemption certificate submitted by the CONSULTANT. The CONSULTANT shall not be exempted from paying sales tax to its suppliers for materials used to fulfill contractual obligations with the COUNTY, nor is the CONSULTANT authorized to use the COUNTY'S Tax Exemption Number in securing such materials.

The CONSULTANT shall be responsible for payment of its own and its share of its employees' payroll, payroll taxes, and benefits with respect to this contract.

ARTICLE 9 - AVAILABILITY OF FUNDS

The COUNTY'S performance and obligation to pay under this contract for subsequent fiscal years are contingent upon annual appropriations for its purpose by the Board of County Commissioners.

ARTICLE 10 - INSURANCE

- A. CONSULTANT shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverages and limits (including endorsements), as described herein. CONSULTANT shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY'S review or acceptance of insurance maintained by CONSULTANT are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by CONSULTANT under the contract.
- B. <u>Commercial General Liability</u> CONSULTANT shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in

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writing by County's Risk Management Department. CONSULTANT shall provide this coverage on a primary basis.

- C. <u>Business Automobile Liability</u> CONSULTANT shall maintain Business Automobile Liability at a limit of liability not less than \$500,000 Each Accident for all owned, nonowned and hired automobiles. In the event CONSULTANT doesn't own any automobiles, the Business Auto Liability requirement shall be amended allowing CONSULTANT to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. CONSULTANT shall provide this coverage on a primary basis.
- D. <u>Worker's Compensation Insurance & Employers Liability</u> CONSULTANT shall maintain Worker's Compensation & Employers Liability in accordance with Florida Statute Chapter 440. CONSULTANT shall provide this coverage on a primary basis.
- Professional Liability CONSULTANT shall maintain Professional Liability or equivalent E. Errors & Omissions Liability at a limit of liability not less than \$1,000,000 Each Claim. When a self-insured retention (SIR) or deductible exceeds \$10,000, COUNTY reserves the right, but not the obligation, to review and request a copy of CONSULTANT'S most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, CONSULTANT shall maintain a Retroactive Date prior to or equal to the effective date of this Contract. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims made" form. If coverage is provided on a "claims - made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Contract, CONSULTANT shall purchase a SERP with a minimum reporting period not less than 3 years. CONSULTANT shall provide this coverage on a primary basis.

<u>Additional Insured</u> CONSULTANT shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "<u>Palm Beach County Board of County Commissioners</u>, a <u>Political Subdivision of the State of Florida</u>, its Officers, Employees and Agents." CONSULTANT shall provide the Additional Insured endorsements coverage on a primary basis.

F. <u>Waiver of Subrogation</u> CONSULTANT hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a preloss agreement to waive subrogation without an endorsement to the policy, then CONSULTANT shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should CONSULTANT enter into such an agreement on a pre-loss basis.

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G. <u>Certificate(s) of Insurance</u> Prior to execution of this Contract, CONSULTANT shall deliver to the COUNTY'S representative as identified in Article 26, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Contract have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to:

Palm Beach County c/o Medical Examiner's Office 3126 Gun Club Road West Palm Beach, FL 33406

- H. <u>Umbrella or Excess Liability</u> If necessary, CONSULTANT may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The COUNTY shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.
- I. <u>**Right to Review**</u> COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Contract. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

ARTICLE 11 - INDEMNIFICATION

CONSULTANT shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Contract or due to the acts or omissions of CONSULTANT.

ARTICLE 12 - SUCCESSORS AND ASSIGNS

The COUNTY and the CONSULTANT each binds itself and its partners, successors, executors, administrators and assigns to the other party and to the partners, successors, executors, administrators and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the COUNTY nor the CONSULTANT shall assign, sublet, convey or transfer its interest in this Contract without the prior written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the COUNTY, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the COUNTY and the CONSULTANT.

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ARTICLE 13 - REMEDIES

This Contract shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Contract will be held in Palm Beach County. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

ARTICLE 14 - CONFLICT OF INTEREST

The CONSULTANT represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required hereunder, as provided for in Chapter 112, Part III, Florida Statutes, and the Palm Beach County Code of Ethics. The CONSULTANT further represents that no person having any such conflict of interest shall be employed for said performance of services.

The CONSULTANT shall promptly notify the COUNTY's representative, in writing, by certified mail, of all potential conflicts of interest of any prospective business association, interest or other circumstance which may influence or appear to influence the CONSULTANT'S judgement or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute a conflict of interest if entered into by the CONSULTANT. The COUNTY agrees to notify the CONSULTANT of its opinion by certified mail within thirty (30) days of receipt of notification by the CONSULTANT. If, in the opinion of the COUNTY, the prospective business association, interest or circumstance would not constitute a conflict of interest by the CONSULTANT, the COUNTY shall so state in the notification and the CONSULTANT shall, at its option, enter into said association, interest or circumstance and it shall be deemed not in conflict of interest with respect to services provided to the COUNTY by the CONSULTANT under the terms of this Contract.

ARTICLE 15 - EXCUSABLE DELAYS

The CONSULTANT shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the CONSULTANT or its subcontractors and without their fault or negligence. Such causes include, but are not limited to, acts of God, force majeure, natural or public health emergencies, labor disputes, freight embargoes, and abnormally severe and unusual weather conditions.

Upon the CONSULTANT'S request, the COUNTY shall consider the facts and extent of any failure to perform the work and, if the CONSULTANT'S failure to perform was without it or its subcontractors fault or negligence, the Contract Schedule and/or any other affected provision of this Contract shall be revised accordingly, subject to the COUNTY'S rights to change, terminate, or stop any or all of the work at any time.

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ARTICLE 16 - ARREARS

The CONSULTANT shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgement, lien, or any form of indebtedness. The CONSULTANT further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Contract.

ARTICLE 17 - DISCLOSURE AND OWNERSHIP OF DOCUMENTS

The CONSULTANT shall deliver to the COUNTY's representative for approval and acceptance, and before being eligible for final payment of any amounts due, all documents and materials prepared by and for the COUNTY under this Contract.

To the extent allowed by Chapter 119, Florida Statutes, all written and oral information not in the public domain or not previously known, and all information and data obtained, developed, or supplied by the COUNTY or at its expense will be kept confidential by the CONSULTANT and will not be disclosed to any other party, directly or indirectly, without the COUNTY'S prior written consent unless required by a lawful court order. All drawings, maps, sketches, programs, data base, reports and other data developed, or purchased, under this Contract for or at the COUNTY'S expense shall be and remain the COUNTY'S property and may be reproduced and reused at the discretion of the COUNTY.

All covenants, agreements, representations and warranties made herein, or otherwise made in writing by any party pursuant hereto, including but not limited to any representations made herein relating to disclosure or ownership of documents, shall survive the execution and delivery of this Contract and the consummation of the transactions contemplated hereby.

Notwithstanding any other provision in this Contract, all documents, records, reports and any other materials produced hereunder shall be subject to disclosure, inspection and audit, pursuant to the Palm Beach County Office of the Inspector General, Palm Beach County Code, Sections 2-421 - 2-440, as amended.

ARTICLE 18 - INDEPENDENT CONTRACTOR RELATIONSHIP

The CONSULTANT is, and shall be, in the performance of all work services and activities under this Contract, an Independent Contractor, and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Contract shall at all times, and in all places, be subject to the CONSULTANT'S sole direction, supervision, and control. The CONSULTANT shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the CONSULTANT'S relationship and the relationship of its employees to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The CONSULTANT does not have the power or authority to bind the COUNTY in any promise, agreement or representation.

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ARTICLE 19 - CONTINGENT FEES

The CONSULTANT warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the CONSULTANT to solicit or secure this Contract and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the CONSULTANT, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Contract.

ARTICLE 20 - ACCESS AND AUDITS

The CONSULTANT shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least three (3) years after completion or termination of this Contract. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the CONSULTANT'S place of business.

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 - 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the CONSULTANT, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

ARTICLE 21 - NONDISCRIMINATION

The CONSULTANT warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression.

ARTICLE 22 - AUTHORITY TO PRACTICE

The CONSULTANT hereby represents and warrants that it has and will continue to maintain all licenses and approvals required to conduct its business, and that it will at all times conduct its business activities in a reputable manner. Proof of such licenses and approvals shall be submitted to the COUNTY's representative upon request.

ARTICLE 23 - SEVERABILITY

If any term or provision of this Contract, or the application thereof to any person or circumstances

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shall, to any extent, be held invalid or unenforceable, the remainder of this Contract, or the application of such terms or provision, to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected, and every other term and provision of this Contract shall be deemed valid and enforceable to the extent permitted by law.

ARTICLE 24 - PUBLIC ENTITY CRIMES

As provided in F.S. 287.132-133, by entering into this contract or performing any work in furtherance hereof, the CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133(3)(a).

ARTICLE 25 - MODIFICATIONS OF WORK

The COUNTY reserves the right to make changes in Scope of Work, including alterations, reductions therein or additions thereto. Upon receipt by the CONSULTANT of the COUNTY'S notification of a contemplated change, the CONSULTANT shall, in writing: (1) provide a detailed estimate for the increase or decrease in cost due to the contemplated change, (2) notify the COUNTY of any estimated change in the completion date, and (3) advise the COUNTY if the contemplated change shall affect the CONSULTANT'S ability to meet the completion dates or schedules of this Contract.

If the COUNTY so instructs in writing, the CONSULTANT shall suspend work on that portion of the Scope of Work affected by a contemplated change, pending the COUNTY'S decision to proceed with the change.

If the COUNTY elects to make the change, the COUNTY shall initiate a Contract Amendment and the CONSULTANT shall not commence work on any such change until such written amendment is signed by the CONSULTANT and approved and executed on behalf of Palm Beach County.

ARTICLE 26 - NOTICE

All notices required in this Contract shall be sent by certified mail, return receipt requested, hand delivery or other delivery service requiring signed acceptance. If sent to the COUNTY, notices shall be addressed to:

PALM BEACH COUNTY Michael D. Bell, M.D. Medical Examiner's Office 3126 Gun Club Road West Palm Beach, FL 33406

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With copy to:

Palm Beach County Attorney's Office 301 North Olive Ave. West Palm Beach, Florida 33401

If sent to the CONSULTANT, notices shall be addressed to:

Wuesthoff Reference Laboratory Attn: Nancy P. Williams 6800 Spyglass Court, Melbourne, FL 32940

ARTICLE 27 - ENTIRETY OF CONTRACTUAL AGREEMENT

The COUNTY and the CONSULTANT agree that this Contract sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Contract may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto in accordance with Article 25- Modifications of Work.

ARTICLE 28 - CRIMINAL HISTORY RECORDS CHECK

If CONSULTANT'S employees or subcontractors are required under this contract to enter a "critical facility," as identified in Resolution R-2003-1274, the CONSULTANT shall comply with the provisions of Ordinance 2003-030, the Criminal History Records Check Ordinance ("Ordinance"). The CONSULTANT acknowledges and agrees that all employees and subcontractors who are to enter a "critical facility" will be subject to a fingerprint based criminal history records check. Although COUNTY agrees to pay for all applicable FDLE/FBI fees required for criminal history record checks, the CONSULTANT shall be solely responsible for the financial, schedule, and staffing implications associated in complying with Ordinance 2003-030.

ARTICLE 29 - REGULATIONS; LICENSING REQUIREMENTS

The CONSULTANT shall comply with all laws, ordinances and regulations applicable to the services contemplated herein, to include those applicable to conflict of interest and collusion. CONSULTANT is presumed to be familiar with all federal, state and local laws, ordinances, codes and regulations that may in any way affect the services offered.

ARTICLE 30 - SCRUTINIZED COMPANIES (when contract value is greater than \$1 million)

As provided in F.S. 287.135, by entering into this Contract or performing any work in furtherance hereof, the CONSULTANT certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Scrutinized Companies With Activities in Sudan List or Scrutinized Companies With Activities in The Iran Petroleum Energy Sector List

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created pursuant to F.S. 215.473.

If the County determines, using credible information available to the public, that a false certification has been submitted by CONSULTANT, this Contract may be terminated and a civil penalty equal to the greater of \$2 million or twice the amount of this Contract shall be imposed, pursuant to F.S. 287.135.

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IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and CONSULTANT has hereunto set its hand the day and year above written.

ATTEST: SHARON R. BOCK CLERK AND COMPTROLLER

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS:

By:_

Deputy Clerk

By: ____

Shelley Vana, Chair

CONSULTANT:

Rockledge HMA, LLC, d/b/a/ Wuesthoff Reference Laboratory

Signature

CERVLLD TIM

Typed Name

CEO

Title

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

(corp. seal)

By___

County Attorney

APPROVED AS TO TERMS AND CONDITIONS

00 L By Michael D. Bell, M.D.

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SCOPE OF WORK

CONSULTANT will provide toxicology services to the COUNTY on a fee for service basis as set forth in Exhibit "B." A comprehensive drug panel (blood, urine, vitreous) is defined as the detection and quantitation of alcohols, carbon monoxide, and the drugs listed in Exhibit "B" in blood, urine, and vitreous fluid (when available) from the submitted medical examiner case. Billing will be issued on a monthly basis, as required by Article 3 of the Contract. Revisions in rates must be approved by the Board of County Commissioners.

Testing Results:

WUESTHOFF shall use all reasonable efforts to provide COUNTY with 95% of the comprehensive drug panel results within 60 days from the date of receipt of the specimen.

Records:

WUESTHOFF shall participate in a system established by WUESTHOFF to facilitate the sharing of results obtained from COUNTY specimens, subject to all applicable federal and state laws, rules and regulations pertaining to the confidentiality and public access of records.

Specimen Pickup, Deliver and Return:

WUESTHOFF shall provide proper containers for specimen pickup, delivery and return to the COUNTY. All specimens shall be returned to the COUNTY in a timely manner. WUESTHOFF shall be responsible for all transportation and delivery costs involved in the transfer, pickup and return of specimens between WUESTHOFF and the COUNTY. WUESTHOFF shall pick up specimens on a daily basis, Monday through Friday, excluding Saturday and Sunday.

Expert Witness/Testifying at Trial:

WUESTHOFF shall provide the appropriate witness or expert witness as the case may be, to testify at any trial or deposition in any Medical Examiner case when subpoenaed to do so.

Page 14 of 15.

TOXICOLOGY PRICE LIST (SEE ATTACHED)

Page 15 of 15

Drugs Quantified at no additional charge, included in Comprehensive inclusive

6-monoacetylmorphine 7-aminoclonazepam Acetaminophen Acetone Alphahydroxy alprazolam Alprazolam Amitriptyline Amobarbital Amphetamine Aripiprazole Benzoylecgonine Buprenorphine Bupropion Butabarbital **Butalbital** Caffeine Carbamazepine Carisoprodol Chlordiazepoxide Chlorpromazine Cimetidine Citalopram Clomipramine Clonazepam Clonidine Clozapine Cocaethylene Cocaine Codeine Cyclobenzaprine Desalkylflurazepam Desipramine Desmethyltramadol Dextromethorphan Diazepam Diphenhydramine Doxepin Doxylamine Ecgonine methyl ester Ephedrine Estazolam Eszopiclone

Pricing Structure of \$ 165.00 Ethanol Fenfluramine Fentanyl Flunitrazepam Fluoxetine Fluphenazine Flurazepam Gabapentin Haloperidol Hydrocodone Hydromorphone Ibuprofen Imipramine Isopropanol Ketamine Lamotrigine Lidocaine Loratadine Lorazepam MDA **MDMA** Meperidine Meprobamate Methadone Methamphetamine Methanol Methylphenidate Metoprolol Mexiletine Midazolam Mirtazapine Morphine Nalbuphine Naproxen Nordiazepam Norfentany Normeperidine Norpropoxyphene Nortriptyline Olanzapine Orphenadrine Oxazepam

Oxcarbazepine Oxycodone Oxymorphone Paroxetine Pentazocine Pentobarbital Phencyclidine Phenobarbital Phentermine Phenytoin PMA **PMMA** Primidone Procainamide Promethazine Propoxyphene Propranolol Pseudoephedrine Quetiapine Ramelteon Risperidone Salicylates Secobarbital Sertraline Sildenafil Temazepam THC THC-COOH Theophylline Thioridazine Tramadol Trazodone Triazolam Trimipramine Venlafaxine Verapamil Zolpidem

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Drugs detected in the Comprehensive Drug Panel* Wuesthoff Toxicology - 02/07/2012

1,(3-Chlorophenyl)piperazine 2ÇI 2,5-dimethyoxy-4-isdoamphetamine 3-fluoromethcathinone 3,4 Methylenedioxypyrovalerone (MDPV) 3 Trifluoromethylphylpiperazine 6 monoaceytimorphine 7-aminoclonazepam acetaminophen alpha hydroxyalprazolam alprazolam amantadine amitriptyline amphetamine amobarbital amoxapine antipyrine aripiprazole atenolol atropine bënzocaine benzoylecgonine benzylpiperazine bupivacaine buprenorphine bupropion butalbital butylone caffeine carbamazepine carisoprodol chlordiazepoxide chlorpheniramine chlorpromazine cimetidine citalopram clómipramine clonazepam clonidine clozapine cocaethylene cocaine codeine cotinine

cyclobenzaprine desalkylflurazepam desipramine diacetylmorphine dimethoxyamphetamine dimethoxy-4-methylamphetamine diazepam diphenhydramine doxepin doxylamine duloxetine ephedrine/pseudoephedrine estazolam eszopiclone ethylone felbamate fenfluramine fentanyl flunitrazepam fluoromethcathinone fluoxetine fluphenazine gabapentin guaifenesin haloperidol HU-210 hydrocodone hydromorphone hydroxyzine Ibuprofen imipramine JWH-018 ketamine labetalol levamisole levorphanol loratadine lidocaine loratadine lorazepam LSD MDA **MDMA** meperidine

*detection dependent on sample matrix and limit of detection levels.

Page 1 of 2

mephedrone mephobarbital S₍₋₎ Methcathinone meprobamate metaxalone methadone methamphetamine methocarbamol methylone methylphenidate methyl salicylate métoprolol metronidazole midazolam mirtazapine morphine nalbuphine nalorphine naproxen naphyrone nicotine nordiazepam nordoxepin norfentanyl norpropoxyphene nortriptyline olanzapine orphenadrine oxazepam oxycodone oxymorphone papaverine PMA **PMMA** paroxetine pentazocine pentobarbital pentoxifylline PCP phendimetrazine pheniramine phentermine phenobarbital phenylpropanolamine phenytoin primidone procainamide

procaine promethazine propranolol propofol propoxyphene quinidine/quinine ramelteon ranitidine risperidone salicylamide salicylic acid secobarbital sertraline sildenafil tapentadol temazepam theobromine théophylline thiopental thioridazine ticlopidine topiramate tramadol trazodone triazolam trimethobenzamide trimethoprim valproic acid venlafaxine verapamil ziprasidone zolpidem

ethanol methanol acetone isopropanol

*detection dependent on sample matrix and limit of detection levels.

Page 2 of 2

PRICING TIER LEVEL: 002	HEALTH MANAGEMENT PATTENT BILLING CHARGE MASTER ALPH FOR DATE OF SERVICE	SYSTEM	· · · · ·		PRINTED 0	GE 246 3/15/12
DPT CHARGE NBR CODE DESCRIPTION 437 32473 IMMENOPEROXIDASE STAIN	REV HCPOS CODE * PRICE *	O/P PROFIE PRICE AMOUNT	NONCOV AMOUNT	EFFECTIVE	P.E. DATE O	1:32:01 3/14/12
437 80017 SPECIAL STAIN GROUP II 437 88312 SPECIAL STAINS GROUP I	88342 0310 75.00 88313 0312 15.00 88312 0312 15.00	00 00 00 00 00 00	.00	DATE 08/23/2011 08/23/2011 08/23/2011	DATE	

Primary fee Schedule If test not listed on 002, pricing pulls from 067.

LAB

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· · ·	REQUESTED BY: RANDYR		EALTH	MANAGENEN	~. ````					
· · ·	an and a first of the second		PATT	ENT BILL	ar p	ASSOCIATES		• • •	· · · ·	
	PRICING TIRE EFFET - OCC		CHARGE	MASTER AN	NG	SYSTEM			F	BY432
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12	DPT CHARGE	· · ·				•				P.B. DATE
1	NBR CODE DESCRIPTION		REV			io (n				
ia.	470 Percent in the second secon	HCPCS	CODE	+ PRICE .	æ .		PROFEE	NONCOV	EFFECTIVE	b
	438 98203 ACETAMINOPHEN					PRICE	AMOUNT	AMOUNT	Dructh	BXPIRATION
	438 98509 ACETAMINOPHEN FLUID 438 83323 ACETAMINOPHEN FLUID		0300	71.00		.00			DATE	DATE
	438 98509 ACETAMINOPHEN FLUID 438 83321 ACETAMINOPHEN TISSUB 438 98638 ACETAMINOPHEN, REF LAB 438 98384 AGM1 AB 438 98511 ALBUTPEOT		0300	221,00		.00	-00	.00	01/30/2012	99/99/9999
	438 98638 ACETAMINOPHEN, REF LAB		03.00	240.00		.00	.00 .00	.00	01/30/2017	99/99/9999
	438 98384 AGM1 AB	86255	0.300	71.00		.00	.00	00	01/30/2012	99/99/9999
1	438 98511 ALBUTEROL	00235		583.00		- 00	.00	.00	01/30/2012	99/99/9999
	438 98501 ALCOHOL SCREEN 438 98501 ALCOHOL SCREEN	80101	0300; 0301	202.00		.00	.00	.00	01/30/2012	99/99/9999
	438 98245 ALCOHOL VOLATILES - BLOOD 438 98246 ALCOHOL VOLATILES - VITREOUS 438 98510 ALCOHOL VOLATILES - VITREOUS	00101	0300	24.00		. 00	-00	.00 .00	01/30/2012	99/99/9999
			0300	75.00 75.00		.00	- 60	. 0.0	01/30/2012	99/99/9999
91	438 28626 ANTTRINTUR		0300	235.00		.00	.00	-00	01/30/2012 01/30/2012	99/99/9999
2558191			0300	125.00		.00	.00	00	01/30/2012	99/99/9999
22	438 98202 AMPHETAMINE PANEL		0300	200.00		.00 .00	.00	- 00	01/30/2012	99/99/9999
5			0300	125.00		.00	-00	.00	01/30/2012	99/99/9999
າຄົ	438 98513 ANTIDEPRESSANT CONFINATION 438 98514 ANTIDEPRESSANT CONFINATION		03.00	200.00		00	-00 -00	. 60	01/30/2012	99/99/9999
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1 It ci	438 98512 ANTIDEPRESSANT PANEL TISSUE 438 98515 ARIPTPRAZOLE		0300	412.00		.00	.00	- 00	01/30/2012	99/99/9999
¥	438 17314 B CELLS TOTAL COUNT 438 98516 BACTORY		0300 0300	123.00		.00	. 00	.00 -	0L/30/2012	99/99/9999
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յ⊄	418 98201 BADDITATION		0300	152.00		, 00-	. DO	.00	01/30/2012	99/ <u>9</u> 9/994a
- 1-1-4	438 98625 BARBITURATE PANEL - CLIENT 438 98625 BARBITURATE PANEL TISSUE		0300	200.00		.00	.00	. 00	01/30/2012 01/30/2012	99/99/9999
N N	438 98639 BARBITURATE PANEL TISSUE 438 98639 BARBITURATE PANEL, TISSUE		0300	250.00		.00 .00	.00	00	01/30/2012	39/99/9 <u>9</u> 99
•	438 98632 BENZODIAZEPINE CONFIRM		0300	200.00		.00	- 00	- 00	01/30/2012	99/99/9999
	438 98200 BENZODIAZEPINE CONFIRM 438 98198 DENZODIAZEPINE PANEL		0300	100.00		.00	.00	.00	01/30/2012	99/99/9999
	438 98198 BENZOTAZEPINE PANEL 438 83279 BENZOTAZEPINE PANEL TISSUE		0300	178.00		.00	.00 .00	.00	01/30/2012	99/99/9999 99/99/9999
	438 83279 BENZOJIZZEPINES PANEL TISSUE 438 98338 BISMUTH		0301 0300	228.00		.00	.00	-00	01/30/2012	99/99/9999
	438 98678 BLOOD AT OPTION	63019	0000	228.00		.00	.00	.00	01/30/2012	99/99/9999
	438 98517 BUPIVACAINE		0300	123.00		.00	.00	- 00	01/30/2012	99/99/9999
	438 98518 BUPRENORPHINE		0300	18.00 106.00		. 00	-00	-00	01/30/2012	99/99/0900
LAB	438 98519 BUPROPRION		0300	154.00		.00	-00	.00	01/30/2012	99/99/99ag
Γ ί	438 38520 CAPFEINE		0300	114.00		.00	. 00	, 00	01/30/2012 01/30/2012	99/99/9999
· [1]	438 98680 CALL IN DRUG SCREEN		0308	90.00		.00 .00	.00	.00	01/30/2012	99799/999g
0	438 98640 CANNABINOIDS PANEL 438 98521 CANNABINOIDS PANEL		0300	85.00		.00	.00	- 00	01/30/2012	99/99/9999
ធ្ម	438 98521 CARHAMAZEPINE		0300	130.00		00	.00 .00	.00	01/30/2012	99/99/9999 99/99/9999
	438 98641 CARBAMAZEPINE, FORENSIC 438 98209 CARBON MONTH PORCHAST		0300	86.00		00	.00	.00	01/30/2012	99/99/9999
PM REFERENCE	438 98269 CARBON MONOXIDE BLOOD		0300 0300	25.00		.00	.00.	- 00	01/30/2015	99/99/9999
28	438, 98558 CAPRON MONOXIDE IRON RATEO BL		0300	25.00		. 0.0	.00	.00. .00	01/30/2017	99/99/9999
Ž≖	438 98528 CANDON MONTALDA LAGA RATLO TIS		0300	299.00		.00	.00	.00	01/30/2012	99/99/9999
Ъч	438 83276 CAPTERMONOL PAREL REF LAB		0300	$429.00 \\ 147.00$		- 00	. D.Q	.00	01/30/2012	99/99/9999
¥ O	438 98522 CHLORPHENIRAMINE		0300	200.00		- 00.	-00	.00	01/30/2012 01/30/2012	99/99/99aa
4 -			0300	99.00		-00 -00	.00	.00	01/30/2012	99/99/9999
5	438 98523 CITALOPRAM		0300	250.00		.00	.00	.00	01/30/2012	99/99/9999
	438 98524 CITALOPRAM FLUID 438 83324 CITALOPRAM FLUID		0300	122.00		.00	.00 .00	.00	01/30/2012	99/99/9999 99/99/9999
THU THU			0360	264.00		.00	.00	.00	01/30/2012	99/99/9999
	438 98527 CLOMIPRANINE 438 98525 CLOMARRANINE		0300	308.00		.00	.00	00	Q1/30/2012	99/99/9999
$n \sim$	4.58 9859 GCOLOTAN		0300	103.00		. 00	. do	.00	01/30/2012	99/99/9999
10	438 98197 COCAINE & METABO PANEL GC/MS			76.00		-00	00	00	01/30/2012	99/99/9999
D I	GOULTINE & METABO PANEL GC/MS		0300	106.00 125.00		.00	.00	.00	01/30/2012	99/99/9999
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REQUESTED BY RANDYB		ACCOUNTINGS
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PRICING TIER LEVEL: 067

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HEALTH MANAGEMENT ASSOCIATES PATIENT BILLING SYSTEM CHARGE MASTER ALPHA LISTING FOR DATE OF SERVICE 03/15/2012

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		F	OR DATE	S OF SERVIC	E 03/15/201	2			PRINTED
13	DPT CHARGE NHR CODE DESCRIPTION 438 98072 CRYPTOCOCCAL AG TITER 438 98401 CSP IGG INDEX 438 98530 CYANIDE SCREEN 438 98530 CYCLOBENZAPRINE 438 98530 CYCLOBENZAPRINE 438 98530 CYCLOBENZAPRINE 438 98531 CYCLOBENZAPRINE 438 98532 CYCLOBENZAPRINE 438 98532 CYCLOBENZAPRINE 438 98535 DIFTIAZEN 438 98535 DIFTIAZEN 438 98535 DIFTIAZEN 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98537 DOXEDIN FLUID 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98537 DOXEDIN FLUID 438 98536 DOXEPIN 438 98536 DOXEPIN 438 98537 DOXEDIN FLUID 438 98540 DULOXETINE 439 98643 BLECTROLYTE PANEL, FORENSIC 438 98541 ESTAZOLAM 438 98541 ESTAZOLAM 438 98542 EZODICLONE 438 98543 FLYLINE GLYCOL 438 98643 BLECTROLYTE PANEL, VITREOUS 438 98543 FLYLINE GLYCOL 438 98643 FLYLINE GLYCOL 438 98643 FLORIDA DRUG FREE NP 10 438 98647 FLORIDA DRUG FREE NP 10 438 98673 FEDERAL DRUG SCREEN 438 98671 FLORIDA DRUG FREE NP 10 438 98671 FLORIDA DRUG FREE NP 10 438 98679 FLORIDA DRUG FREE NP 10 438 98647 FLORIDA DRUG FREE NP 10 438 98545 CHOREDING TISSUE 438 98545 FLORIDA DRUG FREE NP 10 438 98545 FLOREDING TISSUE 438 98545 FLOREDING TISSUE 438 98545 GABAPENTIN 438 83319 FLUORCEATINE 438 98545 GABAPENTIN 438 98545 GABAPENTIN 438 98545 GABAPENTIN 438 98545 GABAPENTIN 438 98545 GABAPENTIN 438 98545 GABAPENTIN 438 98546 GAB				11-04	6			TIME P.E. DATE
	NER CODE DESCRIPTION 438 98072 CRYPTOCOCCAL AG TITER		REV						· · · · · · · · · · · · · · · · · · ·
	- SPORTETION	HCPCS	CODR	* 09 7 09 +	0/P	PROFEE	NONCOS	BFFECTIVE DATE	
	438 98072 CRYPEOCOCCAL DC HETTER		· ·	PRICE *	PRICE	AMOINT	BMOTON	BFFECTIVE	EXPTRATION
	438 98401 CSP ICG DUDY	86406	0302	67 00			INTOOMT.	DATE	DATE
	438 98529 CYANTER CORPT	86329	0300	23.00	.00	.00	0.0		01110
	438 17313 CYCLIC CERTIN		0300	142.00	-00	.00	- 00	01/30/2012	99/99/9999
	438 98530 CYCLOBENZADE TATE	86200	0302	130 00	.00	.00	00. 00	01/30/2012	99/99/9999
	438 98531 CYCLOBENZADB DE THE		0300	130.00 83.00	-00	.00	.00	01/30/2012	99/99/9999
	438 83322 CYCLORENZADDING TIGOT		0300	771 00	. 00	.00		01/30/2012 01/30/2012 01/30/2012 01/30/2012 01/30/2012	99/99/9999
	438 97555 CYSEFC FEBROSES MOTIO		0300	264 00	-00	- 00	00	01/2012	99/99/9999
	438 98534 DEXTRO/LEVO METHOPPHENA	83890	0301	295.00	.00	-00	. 00	01/30/2012 01/30/2012 01/30/2012 01/30/2012 01/30/2012	99/99/9999
	438 98535 DIETTAZEM		0300	99 00	.00	- 00	00	01/30/2012	99/99/9999
2558191	438 83277 DIPHENHYDRAMTHE FIGURE		0300	171 00	.00	-00	.60	07/30/2012	99/99/9999
81	438 98642 DIPHENHYDRAMINE HOPENOTO		0300	200.00	.00	.00	.00	01/30/2012	99/99/9999
18	438 98686 DNA SPECIMEN EVALUATION DEST		0300	120.00	.0.0	.00	- 60	01/30/2012	99/99/9999
ъ́с	418 98536 DOXEPIN		0300	160.00	. 00.	.00	.00	01/30/2012	99/99/9999
3212	438 98537 DOXEPIN FLUID		0300	82.00		.00	0.0	01/20/2012	99/99/9999
က်	ADO SHOJB DOXYLAMINE		0300	213.00	60	.00	.00	01/30/2012 01/30/2012	99/99/9999
2 -	438 98539 DOXYLAMINE FLUID		0300	99.00	0.0	.00	. 00	01/30/2012	99/99/9999
í S	438 00C42 DULOXETINE		0300	259.00	00	.00	-00	01/30/2012	99/99/9999
þ	438 99644 RECTROLVEE PANEL, FORENSIC		0300	169.00		- 90	. 00	01/30/2012	99/99/9999
FAX NO.	438 GOOMA ALECTROLYTE PANEL, VITREOUS		0300	25.00	.00	-00	.00	01/30/2012 01/30/2012	99/99/9999
P EL	438 98542 DOTE NOT		0300	75.00	. 00	. 99	- 00	01/30/2012	99/99/9999
\[438 9854T ETTER TATE		0300	171.00	.00	- 00	. 00	01/30/2012	99/99/9999
I	438 98909 PERFORMENT		0100	202.00	.00	-00	- 00	01/30/2012 01/30/2012	99/99/9999
	438 98343 B. ACTIVITY TON TO	•	0300	107.00	-00	- VO 00	- 00	01/30/2012	99/99/9999 99/99/9999
	438 98673 PRIDAY DUNA COM	83516	0.3000	353.00	.00	.00	. 0 D.	01/30/2012	99/99/9999 99/99/9999
	438 83278 FEFFAMEL DRUG SCREEN		0301	303.00	.00	 11.0	- 00-	08/23/2011	99/99/9999
	438 98672 FLOUTER DETE SUE		0300	37.50	.00	.00	.00	01/30/2012	99/99/9999
	438 98671 FLORIDA DRUG FREE BL ALCOHOL		0300	200.00	- 00	.00	.00	01/30/2012	99/99/9999
	438 98669 FIORIDA DRUG FREE WP 10		0300	18.00	- 00	. 00	- 00	01/30/2012	99/99/9999
	438 98670 FLORIDA DENC FREE WP 5		0300	35.00	.00	. an	.00	01/30/2012	99/99/9999
Æ	438 15091 PLON CETCHERING THE B		0300	33.09	. 00	.00	- 0.0	01/30/2012	99/99/9999
LAB	438 15090 FEON OVTOMETRY TRUE EA ADD	88185	0310	ລະບູບ	.00	.00	- 00	01/30/2012	99/99/9999
E + 1	438 83319 FEUOROCAPHONE	88184	0310		. 00	.00	:00	01/30/2012	99/99/9999
20 PM REFERENCE	438 98544 FFENTEND		0300	4,707.UU 160.00	- 00	.00	- 40	01/30/2012	99/99/9900
E.	438 83314 FLIDYFILTER PLOOT		0300	439.00	.00	.00	.00	01/30/2012	99/99/9999
E.	418 88315 FLUOXRTIME FLUTD		0300	- 155 00	.00	.00	.00	01/30/2012	99/99/9999
문	438 B8178 FLOOKEFINE TRANS		0300	120 00	.00	-00	.00	01/30/2012	99/99/9999
네 [11]	438 98685 PORENSIC DNA DANDY		0300	107-00	. 00	.00	.uu 00	01/30/2012 01/01/2012 01/01/2012	99/99/9000
5	438 98650 FREE OPTATE DIMPL		0300	575 00	.00	.00	.00	01/01/2012	99/99/9999
えぞう	438 98182 FREE OPIATRS COM		0300	286 60	. 00	.00	-00	01/01/2012	99/99/9999
<	438 98545 GABAPENTIN		0300	200 00	.00	.00	- 00 - 00	01/30/2012	99/99/99000
≮ নি	438 88375 GABAPENTIN TISODO		03.00	99 00	- 00	.00	.00	01/30/2012	99/99/9900
4	438 98630 GHB, TISSUE		0300	301 00	.00	.00	.00	01/30/2012	99/99/9999
20	438 98629 GHB. URINE		0300	200 00	-00-	.00	60	01/30/2012	99/99/9999
_	438 98546 GLUCOSK BLOOD		0300	150 00	-00	. 00	0.0	01/01/2012 01/30/2012	99/99/9999
THU THU	438 98547 GLUCOSE VITREOUS		0300	20.00	-00	.00	.00	01/30/2012	99/99/9999
≪, [438 98548 GUAIPENESIN	. 1	0300	25.00	.00	.00	.00	01/20/2012	99/99/9999
n CU	230 28549 HALOCARBONS PANEL	÷	0300	275.00	- 40	.00	. 00	01/30/2012 01/30/2012	
	438 Y8551 HALOGENATED HYPROTADDANT	.,	0300	170.00	+ UU AA	.00	.00	01/30/2012	99/99/9999
<u>.</u>	438 98556 HALOGENATED HYDROCADDON SCN BL	ار .	0300	35 00		.00	.00	01/30/2012	<i>¥¥79979</i> 9999
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REQUESTED BY ... RANDYB PRICING TIER DEVEL: 057

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DPT CHARGE

HEALTH MANAGEMENT ASSOCIATES PATIENT BILLING SYSTEM CHARGE MASTER ADDUA LISTING FOR DATE OF SERVICE 03/15/2012

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P.E. DATE 03/14/12

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	NRK	CODE	DESCRIPTION ALOPERIDOL ANDLING FEE B HISTO SLD CLIENT E RECUT SLD CLIENT SALTH FAIR PROFILE 1 ENOLYSIN, ACID ENOLYSIN, ACID ESTOLOGY SLIDE RECUT (DROXYZIME A2 AUTOANTIBODIES NUPROFEN SUPROFEN SUPROFEN BUPKOFEN TISSUE IA CADTUM EXPOSURE PANEL IA LEAD EXPOSURE PANEL IA CADTUM EXPOSURE PANEL IA LEAD EXPOSURE PANEL IA LEAD EXPOSURE PANEL IA CADTUM EXPOSURE PANEL IA LEAD EXPOSURE PANEL IA CADTUM EXPOSURE PANEL IA LEAD EXPOSURE PANEL IN FLO EA ANTI CLIENT IN FL	Venos	REV		O/P	DDARDO				
(114	438 9	8550 H	BEODER FOOT	acres	CODE	* PRICE *	PRICE	PROFEE AMOUNT	NONCOV	EFFECTIVE	TAKINT	
	438 B	3304 11	ANDY THE		67.00			2040-010 I	CHUCODEL 1	DATE		
	430 0	3000 m	ANDLING FEE		0000	86.00	.00	. 00			1723 <u>1</u> []	
	430 03	2200 <u>H</u> 2705 M	E HISTO SLD CLIENT		0300	30.00	.00	.00	.00	01/30/2012	99/99/9999	
	418 87	1203 m	E RECUT SLD CLIENT		0300	20.00	.00		.00	01/30/2019	99/99/9999	
	438 65	2000 m	ALTH FAIR PROFILE 1		0300	20.00	.00 .00 .00 .00 .00 .00	.00	.00	01/30/2012	99/99/9900	
	438 98	3674 N	ECOLOGY CLARR -	85475	0305	14.00	.00	.00	.00	01/30/2012	99/99/9999	
	438 98	3553 ਸ	TRAVENE SLIDE RECTT		0300	20 44	-00	.00	.00	01/30/2012	<u>77737734444</u>	
	438 29	246 T	2 ATTTANTING		0300	20.00 99 na	.00	-00	~~	01/30/2012	99/99/99ea	
	436 98	1554 II	UPROPEN	86341	0302	835.00	.00	- 00	. 0.0	01/30/2012 01/30/2012	29/99/ <u>99</u> 99	
3212558191	438 83	1313 IH	UPROFEN TISSUE		0360	80.00	-00 -00 -00 -00	- 00 - 00 - 00	. 00	01/30/2012	99/99/9999	
81	438 83	295 II	A CADIUM EXPOSIBE DAMET	•	0300	287.00	.00	- 0-0	.00	01/30/2012	⁹ 9/99/9999	
22	438 83	1296 II	A LEAD EXPOSITE PANEL		0300	60.00	00	.00	-00	01/30/2012	99/99/9999	
ನ್ನ	4.38 83	297 II	A THYROID PANEL		0300	34.75	.00	.00	.00	01/30/2012	99/99/9999	
រស៊	420 83	300 IF	C STAIN CLIENT		0300	5.00	.00	. 00	- 00	01/30/2012	99/99/9999	
\mathcal{F}	430 00	TAT TAT	M FLO EA ANTI CLIENT		0300	125.00	.00	.00	- 00	011301555	99/99/9999	
۶ ۱ – ۲	438 98	NOSZ IN	DICANS, URINE (QUALITATIVE)	870ac	03.00	125.00	ůõ	.00	- 00	01/30/2012	99/99/9999	
ŚŚ	439 98	563 FB	FANT SCREEN PROLATRIX	01003	0.107	21.00	.00	.00	.00	01/30/2012	99/99/9999	•
FAX	438 15	402 IN	HALENT PANEL ABUSED GASES		0100	65.00	.00	- 00	- 00	01/30/2010	99/99/9999	
} @	438 98	550 PD	SITU HYBRIDIZATION MANUAL	88368	0210	123.00	. 00	00	- 50	01/30/2012	99/99/9999	
· [I]	438 87	065 87	THEINE	******	0370	92.00	-00-	.00	- 00	QL/30/2012	99/99/9999	
•	438 98	560 LA	MOTOTOTOT	85460	0305	102.00	. 00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	. 00	U1/30/2012	99/99/9999 99/99/9999	
	438 88	377 LA	TRY COROLARS TOT		0300	- 35.00	.00	.00	.00	91/30/2012	99/99/9999	
	438 98	623 LR	GAL BLEOD AT COTAT		0300	71.UQ	.00	.00	.00	V_/_//2012	99/99/9999	
	43.8 9.8	561 LE	VETIRATETAM		0306	37.30	- 00	. 00	- 00	01/30/2012	99/99/9999	
	438 989	562 LI	DOCAINE		0300	102 00	.00	.00	- 00	01/01/2012	99/99/9999	
	438 83.2	280 LI	DOCATNE & METRAD EXADENCE		0300	102 00	.00	.00	00	01/30/2012	99/99/99aa	
	438 173	304 LT	POPROTEIN (A)		0300	102.00	.00	.00	.00	01/30/2012	99/9.9/99.ee	
	438 173	305 LI	POPROTEIN BLOOD ELEC SEDEON	83695	0301	$102.00 \\ 102.00 \\ 49.00 \\ 125.00 \\ 61.00 \\ 61.00 \\ 85.00 \\ 1.00 \\ 1.00 \\ 174.00 \\ 228.00 \\ 100$.00	- 00	0.0	01/30/2012	<u>99/99/9999</u>	
~	438 983	563 LI	HILM	83700	0301	125.00	. 40	.00	. 00	01/30/2012	99/99/90000	
LAB	438 986	545 LI	HIUM, FORENSIC		0300	61.00	.00	.00	.00	01/30/2012 01/30/2012	<i>99/99/99</i> 44	
	438.986	26 LI	HIOM, REF LAB		0300	50.00	.00 0.0	.00	.00	01/30/2012	22/99/9994	
PM REFERENCE	430 985	175 LT	IGATION PACKAGE, FORENSTO		0300	61.00	.00	-00	.00	01/30/2012	99/9999	
2 N	438 986	76 LI	TGATION PKG EXTRA. FORENETO		0300	85.00	. AA	. ບຸດ	. 00	01/30/2012	99/99/9999	
닖	420 202	064 LOF	ATADINE		0300	1.00	50	-00	. 60	01/30/2012	99/99/9999	
Ē	430,120	NOS 151			0300	174 00	00.	.00	. 00	01/30/2012	99/99/9999	
ı H	130 100	2 IUI	US PROFILE	96940	0300	228.00	.00	-00	.00	91/40/2012	99/99/9999	
22	438 832	CAL MAL	ANSTUM 24 HR UR	45.322	0302	119.00	.00	00	. 0.0	01/30/2012	99/99/9999 99/99/9999	
) Σ	438 981	76 100	AGED CARE CONTRACT RATE	V3135	0301	71.00	.00	00	.00	V1/30/2012		
<u>ים (</u>	438 986	64 MIW	A CONTRACTOR		0200	15.00	.00	0.00	.00	01/30/2014	99/00/0000	
50	438 986	3T MDM	A CONFIRMATION		0300	150.00	.00	.00 .00 .00 .00	- 00	01/30/2012	99/99/9999	
<u> N</u>	438 883	74 Mno	N PANEL, TISSUE	•	0200	05.00	. 00	.00	.00	01/30/2012	99/99/9999	
20	438 985	66 NRD	T RDTDTMP		6300 6300	200.00	.00	.00	.00	01/30/2012	99/99/9999	
0	438 833	12 MRD	HRIDCAN		0300	190-00	.00	.00	-00	01/30/2012	99/99/9999	
E	438 985	69 MET	ALSAMERATIONS PROFESSION		0300	190 00	.00	.00 .	.00	01/01/2012	99/99/999a	
۲ 🚍	438 985	67 MET	ALS MUTALLOIDS PAREL TISSUE	• .	0300	170;0;0 540 pa	.00	.00	.00	01/30/2012	99/99/99ga	
ι CL	438 9856	68 MET	ALSOMETRICATES PANEL 1		0300	215 00	00	.00	.0.U 0A	01/30/2012	99/99/9900	
(音)	438 985	70 MET	AXAIONE:		0306	254 00	.00	.00	. 00	01/30/2012	99/99/99aa	
5	438 9851	71 MET	PORMIN	1	03.00	167.00	.00	. 0.0	- 0-0 - 0-0	01/10/2012	'99/99/99aa	
				1	0380	138 00	.00	.00	00	01/30/2012	22/99/99gg	
۳ .			POPROTEIN (A) POPROTEIN BLOOD ELEC SEPAON CHIUM CHIUM, FORENSIC CHICM, REF LAB CHIGM, REF LAB CHIGM, REF LAB CHICM, REF LAB CHIGM, REF LAB CHIGM, REF LAB CHICM, REF LAB CHICM, REF LAB CHICM, REF LAB US PROFILE US PROFILE DESIGN 24 HR UR AGED. CARE CONTRACT RATE /MDMA A CONFIRMATION A CONFIRMATION ALS/METALLOIDS PANEL 1 ALS/METALLOIDS PANEL 3 AXALONE FORMIN				.00	-08	.00	01/30/2012	99/99/99oo	
4 da							.00 .00 .00 .00 .00 .00 .00 .00 .00			01/30/2012	99/99/9999	
MAR-15-2012									. `			
3						· .						

•	PRICING TIBE LEVEL: 067		CHARGE	MANAGEMENT ENT BILLING MASTER ALPH	SYSTEM			· · ·]	PB7432
			FOR DAT	E OF SERVICE	03/15/2012				PRI
	DPT CHARGE								י י די די די
	NBR CODE DESCRIPTION		REV		0/5				P.E. 1
	438 98647 METHADONE, FORENSIC 438 98648 METHADONE, TISSUR 438 98572 METHOCARBAMOL 438 98573 METHYLPHENIDATE 438 98574 METOPROLOL 438 83311 METRONIDAZOLE 438 83311 METRONIDAZOLE 438 83299 MID FLORIDA ALLERGY PANEL 438 98575 MIRTAZAPINE 438 98649 MISC SUBSTANCE ID 438 98649 MISC SUBSTANCE ID 438 98649 MISC SUBSTANCE ID 438 98649 MISC SUBSTANCE ID 438 17312 METATE ID ENT. LICENSE	HCPC	S CODE	* PRICE *	O/P PRICE	PROFEE		EFFECTIVE	.
	438 98648 METHADONE PORENSIC		0300	100 -		AMOUNT	AMOUNT	DATE	
,	138 98572 METHODING, TISSUE		0300	120.00	. 00	.00		•	DATE
4	138 98577 METHVI DEENTIJAMA		0100	387.00	(_00	.00	.00	01/30/2012	99/99/99
4	138 98574 METOPROLOI.		0300	101.00 98.00	.00	.00	.00 .00	01/30/2012	99/99/99
4	38 83311 METRONIDAZOLE		0300	. 110.00	.00- .00	.00	- DQ	01/30/2012 01/30/2012	99/99/9g
4	18 83299 MID FLORIDA ALLERGY PANEL		0300	170.00	.00	-00	. 00	01/30/2012	99/99/99
4	38 98649 MICO CUEDMAN		0300	118.00	: 00	.00 .00	.00	01/30/2012	99/99/99 99/99/99
- 4	138 98681 MRO		0300	99.00 200.00	.00	- 00	.00 .00	UL(30/2012	99/99/99
4	33 17312 MUTATE ID ENZ LIG/PRIME EXT EN 38 98576 NAPROXEN 38 17316 NATURAL EILLER CELLS FOR		0300	10.00	. 00	-0.0	.00	01/30/2012	99/99/99
4	18 98576 NAPROXEN	8 83914	030 <u>1</u>	85.00	- 00 - 00	-00	.00	01/30/2012	99/99/90
4	38 17316 NATURAL KILLER CELLS TOT COUNT 38 98577 NITROUS OXIDE	* 86757	0300	U U	-00	- 00	. 0.0	01/30/2012 01/30/2012	99/99/99
			0302	257:00	.00	.00 .00	. 00	UL/30/2012	99/99/99
4	38 98579 OPTATE PANEL TOTAL TE		0300	312.00 221.00	.00	.00	- 00	01/30/2015	99/99/99 99/99/99
4	38 98580 ORPHENADRINE		0300.	268.00	.00	.00	-00 -00	VI/30/2015	99/99/00
4 A	38 98581 OXACARBAZEPINE		0300	120.00	.00	.00	.00	VL/30/2012	
4	36 94578 OLANZAPINE 38 98579 OFIATE PANEL TOTAL TIS 38 98580 ORPHENADRINE 38 98581 OXACARBAZEPINE 38 98581 OXACARBAZEPINE 38 98582 PAROXETINE 38 98583 PAROXETINE FLUID 38 98583 PAROXETINE FLUID 38 98449 PAROVIRUS B-19. HLTPA OUNT		0300	87.00	- 00	.00	.00	01/30/2012 01/30/2012	<u> </u>
4.	38 98583 PADOVERDIG OF THE		0300	201.00	,00	.00 .00	- 00	U1/30/2012	99/99/99
4	38 98449 DARVOVIRUS B-19, ULTRA QUANT 38 93294 PATERNITY ADDL DARM OF THE	•	0300	92.00	.00	-00	- 00	04/03/2012	99/99/99 99/99/99
· · · · · ·	30 83294 DATEDATING ANAL	87799		222.00 1,119.00	-00	.00	-00 -00	V4/30/2010	99/99/99
4. 	38 83290 PATERNITY FORENSIC CLIENT 38 83292 PATERNITY FORENSIC CLIENT		0300	150 00	- 00	- 00	- 00	01/30/2012	99/99/99
43	38 83292 PATERNITY PORENSIC CLIENT 38 83292 PATERNITY POST MORTEM SAMPLE 38 83293 PATERNITY OT		0300	600.00	.0D .00	.00	.00	01/30/2012 01/30/2012	99/99/990
4	38 83293 PATERNITY POST MORTEM SAMPLE 38 83293 PATERNITY 37D 3 PARTY CLIENT 38 83291 PATERNITY 2 PARENTAGE CL		03.00	200.00	.00	-00	.00	01/30/2012	- 99/99/999
- 4.	8 98665 DCD CONTRACTOR	·	0300 0300	400.00	- 90	.00 .00	.00	V1/30/2011 2	99/99/999
	Y YIZIN XMTH ATPOTA 317		0300	250.00	. 0.0	. 0a	.00	U2/10/2011	99/99/999 99/99/999
43	8 98908 PENTAZOCINE		0306	65.00 46.50	.00	- 00	.00 .00	94/30/2012	99/99/999
43	8 98584 PESTICIDE/INSECTICIDE SCN PISC		0300	112.00	.00 .00	.00	.00	01/30/2012 01/30/2012	99/99/999
43	8 98585 PHENDIMETRAZINE	•	0300	552.00	.00	.00	.00	02/03/2012	99/99/999
43	8 98508 PENTAZOCINE 8 98508 PESTICIDE/INSECTICIDE SCN TISS 8 98585 PHENDIMETRAZINE 8 98585 PHENTERMINE 8 98587 PHENYTOIN REF LAB 8 98651 PHENYTOIN, FORENSIC 8 83339 PHENYTOIN, TISSUE 8 86045 PHOSPHATIDYLSERINE IGG 8 98588 PIPERAZINE DESIGNER DRUG PANEL		0300 0300	99.00	.00	.00 .00	.00	Q1/30/2012	99/99/999
43	8 98651 PHENVEOFN RODDING		0300	127 00	.00	.00	. 60	61/20/0000	99/99/999
43	8 83339 PHENYFOIN TISSUR		0300.	89.00	.00	.00	.00	V1/30/20To	99/99/999 99/99/999
43	8 86045 PHOSPHATIDYLSERINE TCA		0300	25.00 290:00	.00	.00	.00 .00	VI/\$0/2012	99/99/999
4.3	8 38538 PIPERAZINE DESIGNER DRUG PANEL 8 86658 PIPERAZINE DESIGNER DRUG PANEL 8 86658 POLIO TYPE 2 AB	86148	0302	114.00	100 .00	- 0.0	.00	01/30/2012	99/99/999
43	8 285.88 PIDERAZINE DESIGNER DRUG PANEL 8 86658 POLIO TYPE 2 AB 8 98589 PRESABALIN 8 98590 PRIMIDONE 9 98591 PROMETHAZINE 9 98592 PROPOPOL 9 98593 PROPOPOL 9 98593 PROPOPOL TISSUE 9 98594 PROPOXYPHENE 9 98666. PROPOXYPHENE 9 98666. PROPOXYPHENE 9 98666. PROPOXYPHENE 9 98666. PROPOXYPHENE	RECEN	0300	577.00	.00	.00	.00	02/03/2012 01/30/2012	99/99/999
43	8 98590 PRIMICANT	0.0.0.2%	0302 0300	624.00	.00	.08 .00	.00	01/30/2012	99/99/999
4.31	98591 PROMETRAZING		0300	209.00	. 00	.00	- 00-	91/30/2012	99/99/9999 99/99/9999
43	8 98592 PROPOROL		0300	114.00	.00	. 00	.00	01/30/2012	99/99/9999
43	8 98593 PROPOFOL TISSUR		0300	85.00 165.00	.00	. 00	.00 .00	U1/30/2010	99/99/9999
4.1	98594 PROPOXYPHENE		0300	440 00	.00. .00	- 00	. 90	01/30/2012	99/99/9999
43	98666 PROPOSTPHENE CONFIRMATION 98596 PROPOSTPHENE FLUTS		0300	119.00	00	.00	.00	01/30/2012 01/30/2012	99/99/9999 99/99/9999
438	28595 PROBAVYOUTSTO		0300 0300	65.00	.00	.00 .00	. 00	U1/30/2012	99/99/9999 99/90/0000
			0300	171.00	00	.00	.00	01/30/2012	99/99/9999 99/99/9999
	JUNY DEBUTADTIDE			174.00	0.0	00	.00. 00.	DI/30/2012	99/99/9999
438	98598 PSRUDOPHEDRINE CONF			150.00	. 0.0	.00	.00	01/30/2012	99/99/9999
			0300	129.00	00 .00	.00	.00	01/30/2012	99/99/9999
					* UY	.00	. 00	01/30/2012	99/99/9999
	· · · · ·								99/99/9999

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PAGE 466 HTED 03/15/12 HME 11:32:01 DATE 03/14/12

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	REQUESTED BY RANDYB PRICING FIER LEVEL: 067 DPT CHARGE		UDAT						
· !	MARIAR B	,	DAM DAM	MANAGEMENT	ASSOCTATES				
ť	PRECING		CHARGE	ENT BILLING	SYSTEM				·
. :	and the property in the second		FOR DAT	P OU CREATER ALPH	A LISTING			,	PBY432 P
B			- OIC . DAL	- OF SERVICE	03/15/2012				PRINTED
		· .							TIME
) _	NBR CODE DESCRIPTION		REV	•					P.E. DATE
10	170 000	HCPC	S CODE		0/P	PROFEE	AT CAN THE A		
			+	* PRICE *	PRICE	AMOUNT	NONCOV	EFFECTIV	
	438 98216 QUALITATIVE DRUG SCREEN - MIS 438 98230 QUALITATIVE DRUG SCREEN-BLOOD 438 98230 QUALITATIVE DRUG SCREEN-BLOOD	ic ·	. 0300	105 00			AMOUNT	DATE	TWELTON
	438 98230 QUALITATIVE DRUG SCREEN-BLOOD	1	0300	165.00	.00	-00			DATE
	438 98230 QUALITATIVE DRUG SCREEN-BLOOD 438 98217 QUALITATIVE DRUG SCREEN-GASTR 438 98217 QUALITATIVE DRUG SCREEN-TISSU 438 98229 QUALITATIVE DRUG SCREEN-TISSU	I	0100	165.00	-00	.00	- 00		99/99/9999
	438 98217 QUALITATIVE DRUG SCREEN-GASTR 438 98229 QUALITATIVE DRUG SCREEN-TISSU 438 98219 QUALITATIVE DRUG SCREEN-URINE 438 98606 QUETIAPINE 438 98601 QUETIAPINE	E	0300	300.00	.00	.00	-00-	01/30/2012	00/00/00
	438 98219 QUALITATIVE DELL COLERA JAK		0300	135.00	.00	- 00	.00	UL/30/2012	80/00/0
	438 98600 QUETIAPINE	ΰ	0300	165.00	-00	.00	.00 .00	01/30/2012	00/00/23
					-00	-00	.00		
	438 98602 RAMELTEON		0300	298.00	.00	-00	- 00	01/30/2012	
Ξ	438 10245 REF ALCOHOL BREATH TEST		0300	167.00	.00	-00	.00	01/30/2012	22/00/0000
2558191	438 10273 REP ARSENIC	82075	0301	30.00	.00 .00	00	00	01/30/2012	79/99/99gg
28	438 07443 DEP DRUG SCREEN: COLLEHANDLE	82775	0301.	95.00	.00	-00	.00	01/30/2012	99/99/99ee
្តរ្	438 98602 Preprint	93665	0300	28.00	.00	-00	.00	01/01/2012	99/99/99aa
	438 98604 SALLENT ST	03033	0301	60.00	.00	- 00	.00	02/03/2012 01/01/2012	99/99/gqqq
321	438 98605 SREEPER		0300	122.00	.00	- 00	- 00	02/03/2012	79/99/99gg
>	438 83335 SEPTERT DUE		0300	75.00	.00	.00	-80	01/30/2012	99/99/99aa
" Ŷ	438 98682 SHIPPING DEP		6300	92.00	.00	.00 .00	.00	01/30/2012	<u>79/99/9999</u>
、 Z	438 98606 SILDEMARTT		0300	222.00	.00		- 040	01/30/2012	79/99/999 0
FAX	436 98602 RAMELTEON 438 10245 REF ALCOHOL BREATH TEST 438 10203 REF ARSENIC 438 10173 REF DRUG SCREEN: COLLEHANDLE 438 07442 REF ERAD 438 98604 SALICYLATE 438 98604 SALICYLATE 438 98605 SERTRALINE 438 98605 SERTRALINE 438 98605 SILDEMAPIL 438 98606 STLDEMAPIL 438 17300 STROLIMUS 438 93289 SECTAL STAIN CLIENT 438 98604 SECTMEN PLCKUP CHARGE		6300	30.00	.00	.00 .00	. 00	02/03/2012	<u>99/99/9990</u>
FAX	438 83289 SPECIAL STATE CTIPE	80195	0361	305.00	00	-00	. 00	01/30/2015	99/99/9aaa
	438 98634 SPECIAL STAIN CLIBRT 438 98634 SPECIMEN PICKUP CHARGE		0300	258.00	- 00	-00	- 60	94/3D/2015	22/99/9999
ì	T DA I MEN WRETERT		11100		.00	.00	. 00	41/-30/2012	99/99/9999
-	438 98637 SPECIMEN RETURN 438 98637 SPECIMEN STORAGE, YEARLY 438 98609 SYNTHETIC COMMUNICATION		0300	150.00 40.00	. 00	.00	- 00	Q1/30/2012	99/99/9999
	438 98609 SYNTHETIC CANNABINOIDS CONF 438 98608 SYNTHETIC CANNABINOIDS CONF		0300	500.00	.00	.00	. 00	V1/50/2012	99/99/9999
	A39 ORATS SINTHETIC CANNABINOTES CONF		0300	225.00	.00	.00	- 00	VL/30/2012	99/99/9999
	A38 GOGLE SINTHETIC CANNABINGTOS HETOT		0300	225.00	. 00	.00	00	01/30/2012	99/99/9999 99/99/9999
	438 POTOT TAPENTADOL - FREE		0300	125 00	.00	.00	.00	91/30/2n1 o	99/99/9999
	438 91301 TERPINEAL		0300	277 D0	. 00	.00	-00- -00-	01/30/2015	99/99/9999
	438 83286 THERE FORENSIC		0300	164.00	.00	.00	.00	V8/23/2011	99/99/9999
Ē	438 98611 THIN PREP CLIENT		03.00	35.00	-00	. 90	.00	01/30/2012	99/99/goog
LAB	438 98672 WODEPARE		0300	25.00	.00 .00	.00	- 00	01/30/2012	99/99/9999
	438 98181 TOTAL OPT		0300	183.00	-00	.00	. 00	01/30/2012	YY/99/9900
ъ	438 98633 TOX OTTATES GS/MS		0300	LOS.00	.00	.00	.00	01/30/2012	<u>99/99/9000</u>
Z.	438 98652 TRANSPORT		0300	200.00	.00	.00	.00	01/30/2012	79/99/990
PM REFERENCE	438 98637 SPECIMEN STORAGE, YBARLY 438 98609 SYNTHETIC CANNABINOIDS CONF 438 98608 SYNTHETIC CANNABINOIDS SCN 438 98610 TAPENTADOL - FREM 438 93261 TAPENTADOL - FREM 438 93281 TERPINEAL 438 93281 TERPINEAL 438 93281 TERPINEAL 438 93281 THIOSULFATE 438 98612 TOPIRAMATE 438 98612 TOPIRAMATE 438 98612 TOPIRAMATE 438 98613 TOX STAT CHARGE 438 98653 TRAMADOL, FORENSIC 438 98653 TRAMADOL, TISSUE 438 98614 TRAZODONE FLUID 438 98614 TRAZODONE FLUID 438 98654 TRYPTASE, FORENSIC 438 98654 TRYPTASE, FORENSIC		0300	75.00	.00	-00 .	. 00	01/30/2012 01/30/2012	77/99/99aa
[7]	438 98613 TRAZIDOL, TISSUE		0300	120.00	.00	.00	.00	01/30/2012	99/99/9999
18	438 98615 TRAZODOND DE TET		0300	200.00	. 00	-00 -00	.00	01/30/2012	99/99/0aan
₹	438 98614 TRAZODONE TLOOM		0300	73.00	. 0.0	.00	.00	01/30/2012	99/99/994a
김돈	438 98654 TRYPIASE FORMATO		0300 0300	111.00	.00	.00	- 00	01/30/2012	22/99/9900
4	438 15406 TUMOR IMMUNOHISTOCHEM/MANUAL 438 98663 UDS ZERO TOLZRANCE 10 PANEL		0300 B300	136.00	.00	.00	- 0 0		99/99/9999
5	438 98663 UDS ZERO TOLERANCE 10 PANEL 438 98662 UDS ZERO TOLERANCE 10 PANEL	88360	0210	72.00	.00	-00	.00		99/99/9999
4 1.	438 98662 TIDE PARE - COMMENCE TO PANEL		0300	275.00	.00	.00	.00	0112012	22/99/99og
50	438 98677 URINE ALCOHOL CHARGE 438 98657 URINE ALCOHOL CHARGE		0300 0300	35.00	.00	.00	- 00		99/99/9999
. –	438 98657 URINE ALCOHOL CHARGE 438 98656 URINE ALCOHOL CONFERMATION		0300	35.00	.00	.00	.00		99/99/9999
E H	438 98656 URINE ALCOHOL CONFLIMATION 438 98656 URINE ALCOHOL SCN. FORENSIC		03:00	5.00	.00	.00	- 00	VE/30/2012	99/99/9999
	438 98660 URINE DRUG SCREEN IC PANEL 438 98661 URINE DRUG SCREEN IC PANEL		0300	10,00	.00	.00	.00	01/30/2012	99/99/9999
۹ ĊJ	438 98661 URINE DRUG SCREEN 12 PANEL 438 98657 URINE DRUG SCREEN 12 PANEL		03.00	10.00 25.00	. 00	.00	- 00	01/30/2012	99/99/9999
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32 PAGE 467 PRINTED 03/15/12 TIME 11:32:01 P.E. DATE 03/14/12

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100 25.00 100 ANCORNT ANCORNT<		DPT CHARGE NBR CODE DESCRIPTION	RBV		0/Þ	DECE			P.E. DATE 0	1:32:01 3/14/12
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CERTIFICATE OF LIABILITY INSURANCE

DATE	(M	M/C	DON	YYY)
At	ril	4.	20	12

PRODUCER COVERAGE IS INDEPENDENTLY PROCURED BY THE INSURED.				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
			INSU	RERS AFFORDING CO	VERAGE	NAIC #			
INSURED)		INSUR		npany of the Southeast, Ltd.				
Lieglth	Management Associates, Inc.		INSUR	INSURER B:					
5811 P	elican Bay Blvd, Suite 500		INSUR	INSURER C:					
	, Florida 34108		INSUR	ER D;					
Í			INSUR	INSURER E:					
COVE	RAGES								
ANY PERT	POLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORDED BY T CIES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTH THE POLICIES DESCRIBED H	ER DOCUMEN EREIN IS SUB PAID CLAIMS.	IT WITH RESPECT TO WH JECT TO ALL THE TERMS	AICH THIS CERTIFICATE MAY S, EXCLUSIONS AND CONDITI	BE ISSUED OR MAY			
INSR ADD	T TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFE	TIVE POLICY EXPIRATION (YYY) DATE (MM/DD/YYYY)		S			
	GENERAL LIABILITY	ICSE PR1011112	10/01/11	10/01/12	EACH OCCURRENCE	\$1,000,000			
		ICSEPRIVITI12	10/01/11	10/01/12	FIRE DAMAGE (ANY ONE	s			
					FIRE) MED EXP (Any one person)	\$			
	Medical Professional -				PERSONAL & ADV INJURY	\$			
1	(Claims Made)				GENERAL AGGREGATE	sUNLIMITED			
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$			
ļ	POLICY PROJECT LOC	· ·				\$			
 		· · · · · · · · · · · · · · · · · · ·				*			
					COMBINED SINGLE LIMIT (Each Occurrence)	\$			
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$			
ļ	HIRED AUTOS				BODILY INJURY				
	NON-OWNED AUTOS				(Per accidenl)	\$			
					PROPERTY DAMAGE (Per accident)	\$			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		1			OTHER THAN EA ACC	\$			
					AUTO ONLY: AGG	\$			
	EXCESS / UMBRELLA LIABILITY	HMA 100111-HPL	10/01/11	10/01/12	EACH OCCURRENCE	\$9,000,000			
		Invert 100111 III D	10/01/11	10,01114	AGGREGATE	\$UNLIMITED			
	X Follow Form				·	\$			
						\$			
	RETENTION \$			· · · · · · · · · · · · · · · · · · ·		\$			
	RKERS COMPENSATION AND PLOYERS' LIABILITY	Į			TORY LIMITS				
ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		1		1	E.L. EACH ACCIDENT	\$			
					E.L. DISEASE - EA EMPLOYEE	\$			
lif ye	s, describe under CIAL PROVISIONS below	1			E.L. DISEASE - POLICY LIMIT	\$			
	HER								
					1	[
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY EN	UUKSEMENT / S	FEGIAL PROVISIONS		1			
Palm Bi Associ	each County Board of Commissioners ates d/b/a Wuesthoff Reference La	s is included as Additional In boratory, Rockledge, FL)	sured as res	pects General Liability o	coverage for Insured (Healt	h Management			
CERTI	FICATE HOLDER		CANC	ELLATION	······································				
Palm Beach County Board of County Commissioners c/o Medical Examiners Office 3126 Gun Club Road West Palm Beach, FL 34406				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISISONS					
			POLIC						
	Attn: Linda Macapayag								

ACORD [®] CERTIFICATE OF LIA		NSUR/	ANCE		e (MM/DD/YYYY) 04/2012		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONI CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENE BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	D, EXTEND OR AL	TER THE CO	VERAGE AFFORDED	вү тн	E POLICIES		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT NAME:		<u> </u>	······			
Marsh USA, Inc. 1801 West End Avenue, Suite 1500	PHONE (A/C, No, Ext):		FAX (A/C, No)				
Nashville, TN 37203	E-MAIL ADDRESS:		(100,110)		-		
		NSURER(S) AFFO	RDING COVERAGE		NAIC #		
072392-ALL-AL/WC-11-12 Wuesth	INSURER A : Liberty Insurance Corporation				42404		
INSURED Health Management Associates, Inc.	INSURER B : Liberty Mutual Fire Insurance Company				23035		
5811 Pelican Bay Boulevard, Suite 500	INSURER C :						
Naples, FL 34108-2710	INSURER D :			······			
	INSURER E :	······					
· · · · · · · · · · · · · · · · · · ·	INSURER F :						
COVERAGES CERTIFICATE NUMBER:	ATL-003074670-08		REVISION NUMBER: 2				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLICI E BEEN REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS		
INSR TYPE OF INSURANCE ADDLISUBR	POLICY EFF (MM/DD/YYYY	POLICY EXP) (MM/DD/YYYY)	L(M)	rs			
GENERAL LIABILITY			EACH OCCURRENCE	\$			
COMMERCIAL GENERAL LIABILITY		1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
CLAIMS-MADE OCCUR			MED EXP (Any one person)	\$			
			PERSONAL & ADV INJURY	5			
			GENERAL AGGREGATE	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:		,	PRODUCTS - COMP/OP AGG	\$ \$			
B AUTOMOBILE LIABILITY AS2-651-004245-021	10/01/2011	10/01/2012	COMBINED SINGLE LIMIT		1,000.000		
	10/01/2011	10/01/2012	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000		
ALL OWNED SCHEDULED			BODILY INJURY (Per accident)		-		
AUTOS AUTOS X NON-OWNED		.	PROPERTY DAMAGE	\$			
A HIRED AUTOS A AUTOS			(Per accident)	\$	STATUTORY		
UMBRELLA LIAB OCCUR					STATUTORI		
EXCESS LIAB CLAIMS-MADE			EACH OCCURRENCE	\$ \$	······································		
			AGGREGATE	\$			
A WORKERS COMPENSATION WA7-C5D-004245-011	10/01/2011	10/01/2012	X WC STATU- TORY LIMITS ER	3			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	•	1,000,000		
OFFICERMEMBER EXCLUDED?			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT		1,000,000		
		1		<u> </u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks a Evidence of Workers Compensation and Automobile Liability coverage for Health Management Associates of			pyglass Court, Melbourne, FL				
	CANCELLATION						
CERTIFICATE HOLDER				North			
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Palm Beach County Board of County Commissioners c/o Medical Examiners Office	THE EXPIRATION	DATE THE		ie deli	IVERED IN		
Palm Beach County Board of County Commissioners	THE EXPIRATION	N DATE THE TH THE POLICY			IVERED IN		
Board of County Commissioners c/o Medical Examiners Office 3126 Gun Club Road	THE EXPIRATION ACCORDANCE WI	N DATE THE TH THE POLICY			IVERED IN		

The ACORD name and logo are registered marks of ACORD

UNANIMOUS WRITTEN CONSENT OF THE SOLE MANAGER OF ROCKLEDGE HMA, LLC

The undersigned, being the Sole Manager of the Rockledge HMA, LLC (the "Company") hereby unanimously consents to the adoption of the following resolution without a meeting:

RESOLVED, that, pursuant to the Company's Limited Liability Agreement ("LLC Agreement"), Tim Cerullo is hereby appointed as Vice President effective July 2, 2012; and

FURTHER RESOLVED, that said officer shall serve at the pleasure of the Manager and in accordance with the LLC Agreement until such successor is appointed; and

FURTHER RESOLVED, that all action heretofore taken by the person or persons now elected officers of the Company, acting in the name of and on behalf of the Company, are hereby in all respects ratified, confirmed and approved in their entirety.

Dated: As of July 2, 2012

Hospital Management Associates, Inc., Manager

By Gary S. Bryant, Treasurer

tachment#