

**SOLICITATION FOR CONTINUING SERVICES  
CS #17- 633  
RADIOLOGY SERVICES**

**INTRODUCTION:**

Polk County, a political subdivision of the State of Florida, seeks the submittal of information from vendors interested in providing radiology services for employees of the Polk County Board of County Commissioners, Polk County Sheriff's Office, Polk County Property Appraiser, Polk County Tax Collector, Supervisor of Elections, and Clerk of Courts along with eligible family members (collectively, the "Health Plan Members") participating in the County's employee health plan. Award will be made to all responding vendors meeting specifications. The services requested will be required as requested by the Health Plan Member. Vendors must submit their certificate of insurance, Affidavit Certification Immigration Laws, Attachment "A" and copy of Polk County Business Tax Receipt, to Procurement to be considered responsive. Failure to submit the required documents listed above shall subject the submittal to rejection.

**SCOPE OF WORK:**

Vendor will provide radiology services to Health Plan Members as needed. Vendor shall provide all radiology services described in Attachment "B" for the rates shown.

**Process:**

Health Plan Members with a prescription for radiology services will call the approved vendor to schedule an appointment and identify themselves as a Health Plan Member participating in Polk County Government's employee health plan. Health Plan Member shall fill out the Radiology Referral form, Attachment "C" and present to the Radiology Company upon arrival for service. The vendor must fill in their portion of the form. Any radiology services performed outside the list provided below will be billed to the Health Plan Member's medical insurance and puts the Health Plan Member at risk of not receiving reimbursement for services.

See Attachment "B" for the specific list of services and rates.

**Invoicing:**

Vendor will keep a copy of the Radiology Referral form provided by the Health Plan Member and submit with the invoice to:

Polk County Board of County Commissioners  
Attn: Risk Management Director  
1250 Golfview Ave.  
Bartow, FL 33830

## **GENERAL CONDITIONS**

### **INDEMNIFICATION**

The firm shall, in addition to any other obligation to indemnify the County and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the County, their agents, elected officials and employees from and against all claims, actions, liabilities, losses, costs arising out of any actual or alleged bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting therefrom, or any other damage or loss arising out of or resulting from or claims to have resulted in whole or in part from any actual or alleged act or omission of the consultant, any subcontractor, anyone directly or indirectly employed by any of them, of anyone for whose acts any of them may be liable in the performance of the work; or violation of law, statute, ordinance, governmental administration order, rule, regulation or infringement of patent rights by the firm in the performance of the work; or liens, claims or actions made by the firm or any subcontractor or other party performing the work.

### **INSURANCE REQUIREMENTS**

Workers' Compensation Insurance providing statutory benefits, including those that may be required by any applicable federal statute. Non-construction industry sole proprietors and partners are automatically exempt by Florida Law from the provisions of Chapter 440, Florida Statutes (Workers' Compensation). The successful vendor must provide a letter stating the exemption status and number of employees.

Admitted in Florida	Yes
Employer's Liability	\$100,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance \$1,000,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Professional Liability Insurance \$2,000,000.

The Insurance Certificates to be submitted by the vendor must include the following information. The Certificate Holder must be stated as:

SOLICITATION FOR CONTINUING SERVICES

CS #17- 633

RADIOLOGY SERVICES

---

**Polk County, a Political Subdivision of the State of Florida**  
**330 W. Church St.**  
**Bartow, Florida 33830**

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category.

Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.

SOLICITATION FOR CONTINUING SERVICES

CS #17- 633

RADIOLOGY SERVICES

---

**SUBMITTAL OF RESPONSES**

Interested parties are invited to submit their responses to the Procurement Division. The requested information may be e-mailed, faxed, mailed or hand delivered to:

**Attn: Michael Guerrero**  
**Polk County Procurement Division**  
**PO Box 9005, Drawer AS05**  
**Bartow, Florida 33831-9005**  
**330 West Church Street, Room 150**  
**(863)-534-6716**  
**(Fax) (863) 534-6789**  
**Email: [michaelguerrero@polk-county.net](mailto:michaelguerrero@polk-county.net)**

## SUBMITTAL SHEET

FIRM NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I Agree to the Terms and Conditions       **Yes**    **No**

Copy of Polk County Business Tax Receipt       **Yes**    **No**

Certificate of Insurance       **Yes**    **No**

Affidavit Certification Immigration Laws       **Yes**    **No**

Locations listed below will be available for  
the Radiology service:




## Attachment "B"

Vendor Name:	
Radiology services	Vendor Rates
Locations (address of each):	
Description	
CT scan	\$250.00
CT without contrast	\$250.00
CT with contrast	\$275.00
CT with & without contrast	\$300.00
CTA (Angiography = with injection)	\$400.00
Dexa scan (Bone density scan)	\$58.00
FDG (Fluorodeoxy glucose tracer)	\$225.00
Mammo	\$130.00
Mammo diagnostic	\$136.00
MRA (Angiogram)	\$575.00
MRI with contrast	\$475.00
MRI without contrast	\$425.00
Nuclear medicine scan	\$264.00
Nuclear medicine pharmacology	\$283.00
PET scan (Positron emission tomography)	\$1,300.00
Ultrasound	\$112.00
US Bilateral Complete (breast only)	\$182.00
Xray	\$39.00