

Medical / Chiropractic Proposal

INSTRUCTIONS: Please fill out *all fields* of the form below, sign and fax to Bio-Med Associates at: 908-788-6757

I am pleased to present you with this proposal for Radiological/Health Physics services.

Bio-Med Associates will perform a Radiographic and/or Fluoroscopic QC Survey on your equipment in full compliance with all State and FDA regulations. This will assure that the equipment complies with all radiation safety regulations, and equipment performance specifications and regulations. Measurements of radiation levels will be made inside and outside the room (if necessary), as well as measurements of all regulated machine parameters including kVp, mAs, focal spot size, radiation output, collimator alignment, phototimer reproducibility, etc.

General radiographic equipment can usually be completed in four hours; multiple tubes will require additional time. This estimate includes the medical physics requirements specified for each state. To establish a new QA program an additional two to four hours may be required, depending on the level of training required by your staff. Please review the attached QA equipment you will need to implement the program. Please contact us if you have questions. A copy of the most recent radiation protection survey must be available for review. Additional visits may be necessary if the equipment or complete technologist's QC program is not available during the physicist's visit. A QA Manual with written procedures and sample forms will be provided if needed. Additional patient dosimetry measurements and calculations are optionally available upon request.

The fee for this service is \$200.00 per hour. There is a three hour minimum for site visits. Routine service is 9 a.m. to 5 p.m., however, other times are available upon request. Payment is required upon completion of service. Upon receipt of payment your official report will be sent to you within one business day. A small surcharge is required for credit card payments. Payments made thirty days past the due date are subject to 1 1/2% per month finance charge. If collection becomes necessary the facility and/or signer named below will be responsible for the principal amount due, all collection costs, interest, and all attorney fees.

You will be advised of the date and time of each of the physicist's visits. If this needs to be changed, please provide two weeks' notice. Cancellations are subject to a 3 hour fee. For new installations, the State of New Jersey requires that the report address the availability of existing structural shielding (e.g. Lead). The report will be rejected if the information is not provided. To expedite submission of the report, please have a detailed, scale drawing that specifies existing shielding for review at the time of the visit. In addition, the facility agrees not to solicit or hire any employee or individual under contract with Bio-Med Associates, Inc., at any time for any service without written permission from Bio-Med Associates, Inc.

Please sign below and fax or mail at your earliest convenience to schedule service. This proposal is valid for 60 days. Thank you for the opportunity of presenting this proposal. If I can be of further assistance, please feel free to contact me.

Sincerely,

BIO-MED ASSOCIATES, INC.
Jack J. Merkin, M.S.
President

Accepted by (please sign here): _____ **Date:** _____

Print Name: _____ **Title:** _____

Facility Name: _____ **Owner/CEO's Name:** _____

Address: _____

Phone #: _____ **P.O. # (if applicable):** _____

QA Equipment

Radiographic: Sensitometer, Densitometer, Digital thermometer, Magnifying glass, Hypo test kit, Screen/film contact tool (1/8" mesh, 14x17), Screen cleaning tools/solutions

Fluoroscopic: Fluoroscopic phantom, Resolution test patterns

Specific Manufacturer / model numbers available upon request