

Dental Proposal

Instructions: Please fill out the form below, print and fax to Bio-Med Associates at: 908-788-6757

Date _____ Name _____ Facility _____
Address 1 _____ Address 2 _____

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

Bio-Med Associates will perform a Radiation Protection Survey and performance evaluation on your equipment in full compliance with all State and FDA regulations. This will assure that the equipment complies with all radiation safety regulations. Measurements of radiation levels will be made inside and outside the room. General dental equipment can usually be completed in three hours; multiple tubes will require additional time.

The fee for this service is \$190.00 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. The physicist will prepare a handwritten, unofficial report during each visit and leave you a photocopy. An invoice will be presented following service, payment must be received within 30 days from receipt of invoice. Upon receipt of payment, a final processed report will be mailed. Payments made thirty days past the due date are subject to 1 1/2% per month finance charge. Accounts over ninety days will be considered delinquent. If collection

becomes necessary, **(Physician / Officer)** will be responsible for all collection costs, interest from the date the account becomes delinquent, and a minimum of 25% 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 **(Physician or 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 until 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)

Title: _____ Date: _____ P.O. _____ Phone #: _____