

AGREEMENT WITH QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.
FOR LABORATORY SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Quest Diagnostic Clinical Laboratories, Inc., hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Health Services Agency, Mental Health Services Division; and

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Director of Health Services, or her designee, with respect to the product or result of Contractor's services, shall provide laboratory services as described in Schedule A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner.

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for

services rendered under this Agreement shall not exceed FOUR HUNDRED SEVENTY-FIVE THOUSAND DOLLARS (\$475,000) for the contract term.

B. Rate of Payment. The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C. Time Limit for Submitting Invoices. Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than three hundred and five (305) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

3. Relationship of Parties

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is established by this Agreement. The intent by both County and Contractor is to create an independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status and the tax consequences of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from, through and/or pursuant to the San Mateo County Civil Service Rules.

4. Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under this Agreement.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

5. Insurance

Contractor shall not commence work under this Agreement until all insurance required under this section has been obtained and such insurance has been approved by the Director of Health Services. Contractor shall furnish the Health Services Agency with Certificates of Insurance evidencing the required coverage and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These Certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Health Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

A. Workers' Compensation and Employer Liability Insurance. Contractor shall have in effect during the entire life of this Agreement, Workers' Compensation and Employer

Liability Insurance providing full statutory coverage. In signing this Agreement, County makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for Workers' Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

B. Liability Insurance. Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Contractor's operations under this Agreement, whether such operations be by himself or by any subcontractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below.

Such insurance shall include:

- 1) Comprehensive General Liability \$1,000,000
- 2) Motor Vehicle Liability Insurance\$1,000,000
- 3) Professional Liability\$1,000,000

If this Agreement remains in effect more than one (1) year from the date of its original execution, County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving sixty (60) days' notice to Contractor.

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to County, its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if County or its officers and

employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only. Said certificate(s) of insurance is (are) attached hereto and incorporated by reference herein as Attachment II (and III).

6. Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein.

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation.

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject Contractor to penalties, to be determined by the County Manager, including, but not limited to:

- i. termination of this Agreement;
- ii. disqualification of Contractor from bidding on or being awarded a County contract for a period of up to three (3) years;
- iii. liquidated damages of TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500) per violation;
- iv. imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this paragraph, the County Manager shall have the authority to:

- i. examine Contractor's employment records with respect to compliance with this paragraph;
- ii. set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other contract between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within thirty (30) days of such filing, provided that within such thirty (30) days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of its response to the complaint when filed.

With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

7. Assignments and Subcontracts

A. Without the written consent of the Director of Health Services or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Director of Health Services or her designee is a breach of this Agreement and shall automatically terminate this Agreement.

B. Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Health Services or her designee.

C. All assignees, subcontractors, or consultants approved by the Director of Health Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this Agreement, and Contractor shall be liable for the assignee's, subcontractor's or consultant's acts and/or omissions.

D. All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County.

8. Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto.

9. Records

A. Contractor agrees to provide to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant federal, state, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

B. Contractor shall maintain and preserve all financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.

10. Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

11. Interpretation and Enforcement

A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed:

1) In the case of County, to:

Margaret Taylor, Director
San Mateo County Health Services Agency
225 37th Avenue
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to Contractor.

2) In the case of Contractor, to:

Keith Law, District Sales Manager
Quest Diagnostics Clinical Laboratories, Inc.
6511 Golden Gate Drive
Dublin, CA 94568

B. Controlling Law. The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

12. Term of the Agreement

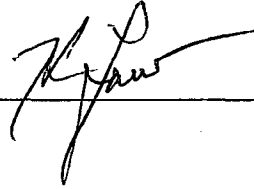
Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from July 1, 2002 through June 30, 2005. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon sixty (60) days' written notice to the other party.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

QUEST DIAGNOSTICS CLINICAL
LABORATORIES, INC.

By: _____
President, Board of Supervisors,
San Mateo County

By:  _____

Date: _____

Date: 1/2/03 _____

ATTEST:

By: _____
Clerk of Said Board

Date: _____

SCHEDULE A
QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC: 2002-2005

I. SERVICES

Mental Health

Contractor shall provide phlebotomy and laboratory services for San Mateo County Mental Health Plan (herein after referred to as "Mental Health"), which includes indigent clients, San Mateo County Medi-Cal insured clients, and San Mateo County Healthy Families clients. These laboratory services will be ordered by Mental Health or contractor psychiatrist(s) or psychiatric nurse practitioner(s) for the management of mental health conditions. Mental Health Services' sites include: a) North County Mental Health Center at 375 89th Street, Daly City, b) Central County Mental Health Center at 3080 La Selva in San Mateo, c) South County Mental Health Center at 802 Brewster Avenue in Redwood City, d) Community Counseling Center at 2415 University Avenue, Suite 30, in East Palo Alto, e) Coastside Mental Health Center at 225 South Cabrillo Hwy, Suite 200A, Half Moon Bay, and f) school based mental health programs, g) Caminar/CLC at 136 N. San Mateo Drive, Suite 101, San Mateo; and, h) other contracted clinical sites as identified by Mental Health. Phlebotomy and laboratory services shall be provided at Quest Diagnostics Clinical Laboratories, Inc. Patient Service Centers as needed. In addition, contractor shall provide phlebotomy services on-site at designated Mental Health clinics described herein.

Correctional Health

Contractor shall provide phlebotomy and laboratory services for San Mateo County Correctional Health Services (herein after referred to as "Correctional Health" which includes inmates at the Maguire Correctional Facility, 300 Bradford Street, Redwood City, CA 94063 and the Women's Correctional Center, 1590 Maple Street, Redwood City, CA 94063

Contractor shall provide the following services:

All services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules, and regulations, including the Clinical Laboratory Improvement Act (CLIA) of 1998 and its subsequent amendments, and Title 17, Section 2505, of the California Code of Regulations.

All payment under this Agreement must directly support services specified in this Agreement.

A. Laboratory Services

1. Provision of clinical laboratory services (including specimen collection, supplies, transport services, and analysis of specimens) for clients at the designated County Mental Health Services and Correctional Health Services sites;

2. Client use of Contractor's Patient Services Centers for laboratory tests as needed;
3. Monitoring the use of all laboratory services through utilization review;
4. Oversight and quality assurance of laboratory services through appropriate policy and procedures; and
5. Consultation to Mental Health and Correctional Health as needed on laboratory issues, including technical and administrative assistance.

B. Required Services

1. Services at Mental Health Clinics

The contractor shall provide phlebotomy services by certified phlebotomists at Mental Health clinic sites during regular clinic hours beginning January 1, 2003 through June 30, 2005. There will be a minimum of 17.5 hours of phlebotomy service per week. The schedule of on-site phlebotomy hours (until further notice) is below. Phlebotomists will provide efficient and empathetic service. New phlebotomists will receive eleven (11) hours of training in working with mental health clients. Training will include a three-hour inservice provided by Mental Health staff and eight (8) hours of onsite training provided by Contractor. Service times may be renegotiated in response to Mental Health needs. Contractor will provide phlebotomy collection supplies for the scheduled sites beginning September 1, 2002 through the term of the agreement.

LOCATIONS	PHLEBOTOMY HOURS
Central County Mental Health 3080 La Selva San Mateo, CA	Tuesdays, 9:00-10:00am Wednesdays, 9:00-10:30am Thursdays, 9:00-10:30am
South County Mental Health 802 Brewster Redwood City, CA	Tuesdays, 8:30-11:00am Wednesdays, 8:30-11:00am Wednesdays, 1:00-3:30pm
Community Counseling 2415 University Ave. East Palo Alto, CA	Tuesdays, 1:00-2:00pm
North County Mental Health 375 89 th Street Daly City	Monday, 9:00-10:30am Thursdays, 8:30-10:30am
Caminar/CLC 136 N. San Mateo Drive, # 101 San Mateo	Tuesdays, 10:30-11:00am

2. Use of Contractor's Patient Service Centers

Mental Health clients who have laboratory services ordered by Mental Health or subcontractor psychiatrists and psychiatric nurse practitioners, may also go to Contractor's Patient Service Centers for their laboratory service needs.

3. Laboratory analysis

Laboratory analysis of specimens collected from the ordering service sites shall be ordered by:

a. Mental Health staff or subcontractor psychiatrists or psychiatric nurse practitioners;

b. Correctional Health staff;

and shall be provided by Contractor. Clinical laboratory services shall include, but not be limited to, the following areas: chemistry, drug testing, hematology, serology, and blood counts associated with Clozapine groups. Test methodologies must be at least industry standard level. Quality of analytical results must be monitored by: proficiency testing, routine quality control surveillance, blind submission programs, and inspection and self-assessment programs. Evidence of successful completion of these quality control activities will be made available to County if requested. Contractor shall be reimbursed for all services delivered during the contract period. The rate schedule for tests is in Exhibit D.

4. Testing Reporting

Contractor shall send the total record of laboratory result data to the corresponding Mental Health or Correctional Health site via teleprinter or fax. If a service is ordered by a contractor provider for a San Mateo County Medi-Cal insured client who is not served at one of the described sites, the results shall be sent directly to that provider. The record shall include, at a minimum, the following:

- a. Six digit patient identification number (Mental Health medical record number);
- b. Patient's name (last, first, middle);
- c. Patient's date of birth (MM/DD/YY);
- d. Description of test ordered;
- e. Name of the provider ordering the test; and
- f. Test result.

Contractor shall provide a hard copy of test results to each Mental Health site or Correctional Health facility within twenty-four (24) hours for most routine assays ordered, with the exception of cytology, microbiology and selected tests from the "Test Costs" attached as Exhibit D. Contractor shall provide cytology results within five (5) days. The teleprinter shall remain

the property of Contractor or Contractor's vendor, as the case may be. Contractor shall repair and maintain equipment. Necessary replacement as a result of normal wear and use shall be the responsibility of Contractor or its vendor. Test results for providers who are not at the identified sites shall be sent directly to those providers.

Abnormal results will be clearly highlighted by Contractor and all "critical value" results will be reported to the ordering facility within four (4) hours from receipt of specimen. A list of critical values mutually agreed upon will be provided to each ordering facility.

Contractor shall provide routine reports customarily provided by Contractor without additional charge when requested by the Mental Health Medical Director or her designee or the Correctional Health Services Manager II. Other special reports about laboratory data shall be generated by Contractor for the price and on the terms mutually agreed to by Contractor and the Medical Director or her designee or the Correctional Health Services Manager II.

5. Specimen Transportation

Contractor shall provide specimen transport staff, trained in the handling of laboratory specimens, including documentation of chain of custody of specimens. Contractor shall provide specimen pickup routinely at each Correctional Health facility pursuant to the schedule listed below. Transportation service and delivery of specimens to Contractor's sites shall be available once per day, Monday through Friday, at a regularly scheduled time, or as negotiated for each Mental Health site. Pick-up service from the mental health centers where blood is drawn or urine samples collected shall be provided. Additional, STAT, and late pickups at the designated sites and others will be provided Monday through Sunday as needed. Contractor's STAT couriers will arrive at the requesting facility within two (2) hours of request; all other nonscheduled pickups will be accommodated within eight (8) hours of request.

Correctional Health Site/Location	Frequency of Pickup	
Maguire Correctional Facility	Once daily	Monday-Friday
Women's Correctional Center	Once daily	Monday-Friday

6. Specimen Collection Supplies

Supplies for the collection, preservation and transportation of specimens will be provided by Contractor to all ordering facilities. These include, but are not limited to: needles, specimen tubes/slides, collection and preservation equipment, and centrifuges. Contractor shall provide the

supplies required for specimen collection for the types of laboratory analyses described in this Agreement.

Contractor shall provide a description of specimen and handling requirements to each ordering facility. Changes and updates in specimen requirements will be communicated by Contractor to County in writing prior to changes being implemented.

C. Program Administration

1. Service Coordination

Contractor shall have a designated customer service representative who will have scheduled monthly meetings with the Mental Health Medical Director or a designated Mental Health representative and scheduled monthly meetings with the Correctional Health Services Manager II. These meetings will include a review of the activities within the scope of the laboratory services contract, including technical and administrative issues, to assure smooth coordination and problem resolution.

2. Consultative Services

Contractor shall provide consultative services on a quarterly basis as needed for assistance in reviewing Mental Health and Correctional Health laboratory technical and administrative activities. Quarterly reports in form and substance mutually agreed upon by Contractor and Mental Health and by Contractor and Correctional Health shall be prepared by Contractor and presented to the respective contact persons for Mental Health and Correctional Health.

3. Customer Service

Contractor shall make available customer service and technical assistance by telephone twenty-four (24) hours per day. Contractor shall make available a toll free telephone number for Contractor Customer Service Center to each ordering facility. The Customer Service Center shall provide information regarding: test results, status of test in progress, specimen and special handling requirements, fees or billing information, and procedures for adding additional tests to specimens already submitted. Technical assistance that is not handled directly shall be provided in a professional manner within one (1) working day.

Contractor shall provide quality laboratory services for the Mental Health and Correctional Health clients. Appropriately licensed and certified professional staff shall conduct laboratory analysis. Contractor shall provide to county a description of its standard quality control programs for laboratory and phlebotomy services.

4. Quality Assurance

Contractor must be able to assure quality phlebotomy and laboratory services for the Mental Health and Correctional Health clients. Laboratory analysis will be conducted by licensed staff. The contractor will provide a strong quality control program and meet CLIA guidelines as well as state and local regulations.

The Quality Assurance Program will include periodic on-site inspections of the on-site phlebotomy services and consultation to staff. Inspection recommendations and Quality control audits will be provided to Contractor annually. Quality assurance activities related to phlebotomy services shall include, but not be limited to:

- a. Monthly monitoring;
- b. Annual competency review; and
- c. Specialized training relating to provision of services for mental health clients, as needed.

5. Contractor shall meet regulatory deadlines for compliance with all Health Insurance Portability Accountability Act (HIPAA) requirements.

D. Billing, Invoicing and Encounter Data Reporting (July 1, 2002 through December 31, 2002)

1. Contractor shall invoice County monthly, providing a separate account established by mutual agreement of the parties. County is not responsible for tests performed on behalf of clients insured by other third-party insurance carriers such as Kaiser, Medicare, etc., or for clients with Medi-Cal from other counties. However, for such tests ordered by County providers, County shall, or shall cause the providers to, provide to Contractor the third party billing information described in Section I, E.1.a, Third-party Billing, of this Schedule.
2. The monthly invoices shall include the following data elements: Medi-Cal Beneficiary Identification or Social Security Number, Client Name, Date of Service, Referring Provider, Primary Diagnosis, Charge for Service, Procedure Code, Procedure Modifier Code, Procedure Quantity, and Rendering Provider Number. Any invoice adjustments will also provide these same data elements, identifying charges for individual clients.
3. Contractor shall provide via email a monthly data utilization file by the 5th day of the following month. The file shall be in an ASCII format. The file

shall only include those services for which all charges and/or adjustments have been made.

E. Billing, Invoicing and Encounter Data Reporting (January 1, 2003 through June 30, 2005)

1. MENTAL HEALTH

Contractor will provide a single data set that includes the files for third party billing, invoices and encounter data as described below. This data set will be submitted electronically and will be due within ninety (90) days of the end of the month. The list of data fields to be included for all three files of this data set is attached (Exhibit E – Monthly Utilization, Invoice and Third Party Billing Field Layout). Payment for services shall be contingent upon timely receipt of this data set.

a. Third Party Billing

Contractor is responsible for all tests performed on behalf of clients who are insured by third party insurance carriers, such as Kaiser, Medicare, and Medi-Cal from other counties. For clients receiving services at Mental Health clinics, third party billing information will be provided to the contractor via printed labels. Contractor shall be responsible for collection of third party billing information from clients who receive services at contractor laboratory sites. Contractor shall maintain separate accounts for each Mental Health service site. Mental Health will collect Medi-Cal stickers. Contractor will bill directly for services provided to clients insured by third party insurance carriers as described below. For services that cannot be billed by one of the options described below, Contractor will notify County prior to billing an individual client.

- i. Services for County Medi-Cal covered clients will be billed to County Medi-Cal account.
- ii. Services for County Medi-Cal/Medicare covered clients will be billed to Medicare first: what Medicare does not cover will be billed to County Medi-Cal account.
- iii. Services for Medicare covered clients will be billed to Medicare. If Medicare denies payment, services will be billed to County.
- iv. Services for clients with private insurance (Kaiser, etc.) will be billed to the respective private insurance carrier.
- v. Services for indigent clients will be billed to County.

b. Encounter Data

Contractor shall deliver monthly utilization / encounter data file via e-mail in ASCII format. This file shall include only those services for which all charges and/or adjustments have been made.

c. Invoicing

i. Contractor shall bill directly to Mental Health for laboratory services not billed to third party payers as noted in Third Party Billing. Invoices shall be submitted electronically and in conformity with usual and customary billing methods required under prospective reimbursement or payment plans. Invoices shall be sent to both:

(1) Doreen Avery, Business Systems Manager at davery@co.sanmateo.ca.us, and

(2) Kathleen Luisotti, at kluisotti@co.sanmateo.ca.us

ii. Monthly invoices shall include the following data elements identified in Exhibit E – Monthly Utilization, Invoice and Third Party Billing Field Layout. These include: Client Number, Test Date, Billed Price, Service Name, Client Name, Patient Name, Patient ID, Physician Name, Patient Birth Date, and Billed Party Name. This information is necessary for all laboratory requisitions fulfilled on behalf of Mental Health providers and clients, even when third party reimbursement occurs many months after service delivery.

iii. Contractor shall maintain separate accounts for each Mental Health service site. Information from separate accounts shall be provided as agreed upon by Contractor and Mental Health.

d. Fee Structure

High volume test costs are provided in Schedule B. Additional per test charges are attached (Exhibit D – Test Costs).

2. CORRECTIONAL HEALTH

Contractor shall submit monthly invoices for services rendered directly to:
Nomalee Tilman, Manager
300 Bradford Street
Redwood City, CA 94063

Billed monthly charges will include fees for specific tests ordered and fees for phlebotomy services. Each billing invoice shall indicate the patient's name and lab test performed during that billing period. County shall pay Contractor monthly for services at the rates described above upon receipt of invoice from Contractor, provided that such services are performed to the satisfaction of the County.

Contractor shall maintain separate sub-accounts within Correctional Health (Mental Health Services and Medical).

- a. Correctional Mental Health Services (Org. No: 63210)
 - i. Maguire Correctional Facility
 - ii. Women's Correctional Center

- b. Correctional Health Services – Medical (Org. No: 63110)
 - i. Maguire Correctional Facility
 - ii. Women's Correctional Center

II. PERFORMANCE OBJECTIVE

A. Mental Health

90 % of monthly utilization encounter data files deliveries will be made within ninety (90) days of the end of the month.

B. Correctional Health

A minimum of 95% of hard copy test results will be provided on time for tests with an expected turnaround time of twenty-four (24) hours.

SCHEDULE B
 QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC: 2002-2005

PAYMENT SCHEDULES

I. MENTAL HEALTH SERVICES DIVISION

A. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of FOUR HUNDRED THIRTY-FIVE THOUSAND DOLLARS (\$435,000) for services provided under Schedule A, Section I, of this agreement for the period July 1, 2002, through June 30, 2005.

B. Laboratory Fee Schedule

1. High volume tests shall be reimbursed at the rate schedule below. These rates supersede rates in Exhibit D – Test Costs

Test Code	Test Name	Price
223	Albumin	\$6.25
234	Alkaline Phosphatase	\$6.25
823	ALT	\$6.25
822	AST	\$6.25
10165	Basic Metabolic Panel—New	\$7.72
34388	Basic Metabolic Panel—Old	\$7.40
287	Bilibubin, Total	\$6.25
285	Bilirubin, Direct	\$6.25
303	Calcium	\$6.25
6399	CBC w/Plt Diff	\$7.43
330	Chloride	\$6.25
10231	Comp. Metabolic Panel—New	\$9.65
34389	Comp. Metabolic Panel—Old	\$9.00
375	Creatinine	\$6.25
2180	Drug Screen 10-50 + —New	\$31.00
30454	Drug Screen 6 + New—Old	\$26.63
483	Glucose	\$6.25
86803	Hep C AB	\$44.10
10256	Hepatic Function Panel—New	\$7.40
34391	Hepatic Function Panel—Old	\$7.08
613	Lithium	\$12.50
718	Phosphorus, Inorganic	\$6.25
733	Potassium	\$6.25
754	Protein, Total	\$6.25
799	RPR	\$5.35
809	Sed Rate	\$5.35
836	Sodium	\$6.25
861	T-3 Uptake	\$10.50
867	T-4 (Thyroxide)	\$11.50

Test Code	Test Name	Price
84439	T-4, Free	\$21.60
899	TSH	\$21.00
84443	TSH w/refl FT4	\$21.06
7909	U/A Reflex	\$4.65
294	Urea Nitrogen (BUN)	\$6.25
916	Valproic Acid	\$18.00

2. In addition to these special prices, there shall be a twenty-five percent (25%) discount for all other prices as reflected in the current fee schedule – Exhibit D.
3. If a service is provided to a Mental Health Services Division patient at Contractor's Patient Service Centers, there shall be a FOUR DOLLAR (\$4) service and collection fee per client for taking samples. Contractor phlebotomy services will be provided at Mental Health Services Clinics for no additional costs.

C. Terms

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of ONE HUNDRED FORTY-FIVE THOUSAND DOLLARS (\$145,000) per year for services provided under this three-year Agreement. This refers to the amount due from the County by means of client bill and does not include third party payments (i.e. Medicare, Medi-Cal and other third party payments). Services shall be billed on a fee-for-service basis. Mental Health Services Division shall be billed based on the fee schedule noted above in Section I paragraph B, Laboratory Fee Schedule and Exhibit D – Test Costs. These costs are inclusive of supplies, transport service, analysis of specimens, technical assistance, and any other services provided in the course of this agreement.

In the event Contractor claims or receives payment from County of service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at this option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

D. Payment Penalty

Effective January 1, 2003 - June 30, 2005, the following payment penalty will be imposed for the late delivery of encounter data files. Monthly payment due for services shall be reduced by ten percent (10%) from the original cost for every thirty (30) day period past the due date in which delivery of encounter data files does not occur. There will be no payment for claims received by Mental Health ten months or more past the date of service.

II. CORRECTIONAL HEALTH

A. Payments

1. Contractor will charge the lower of the prices in the Test Costs (Exhibit D) and the Laboratory Fee Schedule (Schedule B, I.B). Fees will include: Laboratory analysis, copy of test results, specimen pickup, supplies for collection, customer service, and consultative services as described in Section II of Schedule A.
2. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of FORTY THOUSAND DOLLARS (\$40,000) for Correctional Health services provided under Schedule A Section II of this agreement for the period July 1, 2002 through June 30, 2003. This refers to the amount due from the County by means of client bill and does not include third party payments (i.e. Medicare, Medi-Cal and other third party payments).

III. AGREEMENT MAXIMUM

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the combined sum of FOUR HUNDRED SEVENTY-FIVE THOUSAND DOLLARS (\$475,000) for services provided to Mental Health Services (July 1, 2002 – June 30, 2005) and Correctional Health Services (July 1, 2002 – June 30, 2003).

SCHEDULE C

Contract between County of San Mateo and Quest Diagnostic Clinical Laboratories, Inc., hereinafter called "Contractor."

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract. Contractor's personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

REPORT NO. BAB0161

QUEST DIAGNOSTICS
NET CLIENT FEE LIST REQUEST

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR

COVER PAGE

PAGE 1

DATE 09/04/2002
TIME 12:05:13

EXHIBIT D

LEGAL ENTITY	SFO
CLIENT NUMBER	00016602
CLIENT (C) OR PATIENT (P)	C
PRICING	
FEE SCHEDULE	02
DISCOUNT PERCENTAGE	25
ALPHA (A) SERVICE CODE (N) OR A	
CPT4 (C) REPORT SEQUENCE	
PRINT ALL SERVICES (Y/N)	N
PRINT SERVICE CODES (Y/N)	Y
PRINT CPT4 CODES (Y/N)	Y
CPT4 SITE CODE	SFO
SCHEDULE ASSIGNMENT IND.	C01

DUBLIN LAB
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THE CPT CODES PROVIDED ARE BASED ON AMA GUIDELINES AND ARE FOR INFORMATIONAL PURPOSES ONLY. CPT CODING IS THE SOLE RESPONSIBILITY OF THE BILLING PARTY. PLEASE DIRECT ANY QUESTIONS REGARDING CODING TO THE PAYOR BEING BILLED.

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
*CBC, PLT & DIFF	85025	0007321	9.00
*GTT, GESTATIONAL, 4 82951 82952		0006418	52.50
*IMMUNOELEC/FIX. (U) 84155 86334 84165		0000551	70.00
*METHEMOGLOBIN (B)	83050	0000647	88.50
*PLATELET AB PANEL 86022 86023		0007605	481.00
*PTH, INTACT 83970 82310		0008446	109.50
*RPR(DX)REFL TP-PA	86592	0036125	13.50
A. FLAVUS AB	86606	0004658	50.25
A. FUMIGATUS AB	86606	0004657	50.25
A. NIGER AB	86606	0004659	50.25
A. PULLULANS AB	86671	0004654	50.25
A-1-ANTITRYPSIN	82103	0000235	33.75
A/G RATIO 84155 82040		0007218	5.79
AB SCR RFX ID/TITER	86850	0000795	18.94
ABO ANTIBODY TITER	86886X2	0000576	59.00
ABO GROUP & RH TYPE		0007788	24.56

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
86900 86901			
ACETAMINOPHEN	82003	0000201	75.50
ACETONE (B)	82010	0000205	70.50
ACID FAST STAIN	87206	0004503	26.50
ACID PHOS, PROS, IMMUNOAS	84066	0000208	23.00
ACID PHOS, TOTAL	84060	0000210	41.75
ACTH	82024	0000211	89.50
ADENOVIRUS AB	86603	0000686	85.00
ADRENAL AB	86256	0036155	17.50
AFP, FLUID W/RFX	82106	0000232	94.50
AFP, TUMOR (CHIRON)	82105	0000237	64.69
ALBUMIN	82040	0000223	5.63
ALCOHOL, ETHYL (B)	82055	0000443	45.00
ALCOHOL, ISOPROPYL	84600	0000578	70.50
ALCOHOL, METHYL (B)	84600	0000643	70.50
ALCOHOL, ETHYL(G)QL	80101	0005559	77.75
ALDOLASE	82085	0000227	21.25
ALDOSTERONE	82088	0000230	89.50
ALDOSTERONE (U)	82088	0000229	213.00
ALK PHOS ISOENZYMES & GGT		0000231	51.75
84075 84080			

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
ALKALINE PHOSPHATASE	84075	0000234	5.63
ALLERGY MOLDS, YEAST	83520	0010056	40.00
ALPRAZOLAM	80154	0004741	120.00
ALT	84460	0000823	5.63
ALUMINUM	82108	0004695	57.75
AMIKACIN	80150	0000236	94.50
AMINO ACID FRAC,U	82139X3	0000239	523.00
AMIODARONE	80299	0005258	165.00
AMITRIPTYLINE	80152	0000423	43.00
AMMONIA (P)	82140	0005509	42.25
AMOEBIC AB BY IHA	86753	0000632	94.50
AMPHETAMINES (U)	82145	0000241	98.25
AMYLASE	82150	0000243	18.94
AMYLASE (U)	82150	0000212	40.00
ANA IFA W/REFL	Y 86038	0038318	38.81
ANA SC W/R DNA/ENA	Y 86038	0010541	38.81
ANA SC W/REFL DS-DNA	Y 86038	0010547	38.81
ANA SC W/REFL SSA/B	Y 86038	0010544	38.81
ANA SC W/RFL JO/SCL	Y 86038	0010545	38.81
ANA SCREEN	86038	0010321	38.81
ANA TITER&PATTERN	86039	0036209	13.12

DUBLIN LAB
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
ANA W/REFL SM,SM/RNP	86038	0010543	38.81
ANCA-IBD W/RFL TITER	86255	0010054	125.00
ANDROSTENEDIONE	82157	0000251	159.00
ANGIOTENSIN CONV ENZ	82164	0000683	35.25
ANTI-DNASE B TITER	86215	0000256	91.75
ANTIBODY ID	86870	0005149	59.00
ANTINUCLEAR AB	86038	0000249	38.81
ANTITHROMBIN III AG	85301	0005158	173.00
APO E GENOTYPE		0034212	215.00
83891 83894 83898 83893X4 83896X4 83912			
APOLIPOPROTEIN A1	82172	0005223	44.50
APOLIPOPROTEIN B	82172	0005224	44.50
ARBOVIRUS AB PANEL		0000961	306.00
86652 86654 86651 86653			
ASO	86060	0000265	28.12
ASPERGILLUS AB BY CF	86606	0000849	97.00
AST	84450	0000822	5.63
B CELL MALIGNANCY		0010679	475.00
B PERTUSSIS DFA	87265	0006410	109.00
B.ANTHRACIS SCREEN	87081	0010154	28.00

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
B.HENSELAE IGG SCR	86611	0038513	37.25
B.HENSELAE IGG TITER	86611	0038514	37.00
B.HENSELAE IGM SCR	86611	0038515	37.25
B.HENSELAE IGM TITER	86611	0038516	37.00
B.QUINTANA IGG SCR	86611	0038517	37.25
B.QUINTANA IGG TITER	86611	0038518	37.00
B.QUINTANA IGM SCR	86611	0038519	37.25
B.QUINTANA IGM TITER	86611	0038520	37.00
BACTERIAL AG, COMP.		0006741	239.00
86403 86403 86403 86403 86403			
BARBITURATES (S)	82205	0007377	95.50
BARBITURATES, GC/MS	82205	0008416	98.25
BASIC METAB PNL	80048	0010165	7.72
BASIC METAB PNL W/O CA		0034388	7.40
82947 84520 82565 80051			
BENZODIAZEPINES	80154	0026084	93.50
BENZODIAZEPINES GCMS	80154	0008417	98.25
BETA-2-MICROGLOB (U)	82232	0004944	107.00
BETA-2-MICROGLOBULIN	82232	0000852	41.75
BILIRUBIN, AM. FL.	82143	0000289	44.50
BILIRUBIN, TOTAL	82247	0000287	5.63

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
BILIRUBIN, DIRECT	82248	0000285	5.63
BILIRUBIN, FRAC. 82247 82248		0007286	35.00
BIOINTACT PTH & CA 83970 82310		0010152	195.00
BLASTOMYCES AB BY CF	86612	0000933	91.75
BLEEDING TIME, TEMP.	85002	0008504	30.00
BUN/CREAT RATIO 84520 82565		0000296	5.79
BUTALBITAL	82205	0004413	95.50
C DIFF TOXIN 'B' QL	87230	0004408	53.00
C DIFFICILE TOXIN A	87324	0008756	43.12
C TRACHOMATIS IGM AB	86632	0005157	90.00
C. TRAC AMPL DNA, OTV		0010428	60.00
C. TRACH DNA, CONJUN	87490	0036628	38.06
C-PEPTIDE	84681	0000372	53.00
CA 125 II (ABBOTT)	86304	0029256	84.75
CA 19-9 (CENTOCOR)	86301	0004698	84.75
CAFFEINE	80299	0000305	70.50
CALCIUM	82310	0000303	5.63
CALCIUM (U)	82340	0001635	19.50

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CALCIUM, IONIZED	82330	0000306	36.00
CANCER ANTIGEN 15-3	86300	0005819	76.50
CARBAMAZEPINE, TOTAL	80156	0000329	52.87
CARBON DIOXIDE	82374	0000310	5.63
CARBOXYHEMOGLOBIN	82375	0000309	28.75
CARISOPRODOL	83805	0000312	103.00
CARNITINE	82131	0005357	162.00
CATECHOL, F&T, PL	82384	0000314	171.00
CATECHOLAMINES, FRAC	82384	0000318	72.50
CA27.29 CHIRON/BAYER	86300	0029493	76.50
CBC (DIFF/PLT)	85024	0002256	9.00
CBC (DIFF/PLT)	85025	0006399	9.00
CBC(DIFF/PLT)W/SMEAR RVW	85023	0020253	9.00
CBC,PT CT & MAN DIFF	85023	0007295	9.00
CD20	88342	0037566	90.00
CEA (CHIRON)	82378	0000978	66.37
CELL COUNT, CSF	89051	0000398	30.25
CERULOPLASMIN	82390	0000326	23.25
CHEM TEST 01		0034701	5.63
CHEM TEST 02		0034702	5.79
CHEM TEST 03		0034703	6.11

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CHEM TEST 04		0034704	6.44
CHEM TEST 05		0034705	6.76
CHEM TEST 06		0034706	7.08
CHEM TEST 07		0034707	7.40
CHEM TEST 08		0034708	7.72
CHEM TEST 09		0034709	8.04
CHEM TEST 10		0034710	8.37
CHEM TEST 11		0034711	8.69
CHEM TEST 12		0034712	9.00
CHEM TEST 13		0034713	9.33
CHEM TEST 14		0034714	9.65
CHEM TEST 15		0034715	9.97
CHEM TEST 16		0035316	10.29
CHILDHOOD ALLERGY PROFILE 86003X11 82785		0010659	349.31
CHLAM DNA,CX M/URET	87490	0008502	38.06
CHLAM TRACH	87490	0037347	38.06
CHLAMYDIA IGG AB	86631	0000987	90.00
CHLAMYDIA PNEU. IGM		0038481	67.00
CHLAMYDIA SLIDE TEST	87270	0004966	28.75
CHLORAMPHENICOL	82415	0004968	91.75

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CHLORDIAZEPOXIDE	80154	0000603	107.00
CHLORIDE	82435	0000330	5.63
CHLORIDE (U)	82436	0000368	34.50
CHOLESTEROL, VLDL	83719	0000607	142.00
CHOLESTEROL, TOTAL	82465	0000334	14.81
CHOLINESTERASE, P	82480	0000335	23.00
CHROM ANAL, LYMPHOMA 88237 88262 88291		0037087	764.00
CHROM ANAL, SOLID 88239 88262 88291		0037860	903.00
CHROM ANALYSIS, AM F 88235 88269 88280 88291		0004611	835.00
CHROM ANALYSIS, TISS 88233 88262 88291		0004901	999.00
CHROM, PERIPH BLOOD 88230 88262		0004900	704.00
CITRATE, SERUM	82507	0037233	113.00
CITRIC ACID (U)	82507	0004616	198.00
CK, TOTAL	82550	0000374	21.75
CLONAZEPAM	80154	0000340	102.00
CLORAZEPATE	80154	0005274	86.25

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CLT, H DUCREYI	87081	0008513	49.00
CMP W/O ALT		0035555	9.33
80048 84155 82040 82247 84075 84450			
CMP W/O CO2,ALT		0034389	9.00
82947 84520 82565 84295 84132 82435 82310 84155 82040 82247 84075 84450			
CMV IGG AB	86644	0000403	58.31
COAG FACTOR II ACT	85210	0000331	162.00
COAG FACTOR IX ACT	85250	0000352	162.00
COAG FACTOR VIII ACT	85240	0000347	162.00
COAG FACTOR X ACT	85260	0000359	162.00
COAG FACTOR XI ACT	85270	0000360	162.00
COAG FACTOR XII ACT	85280	0000362	162.00
COAG FACTOR 13 SCR	85291	0000364	97.00
COCAINE		0007173	124.00
COCAINE METAB. GC/MS	82520	0005530	98.25
COCCIDIA OOCYST 87207 87015		0005090	53.50
COCCIDIO AB, ID	86635X2	0000908	70.50

DUBLIN LAB
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
COLD HEMAGGLUTININS	86157	0000349	20.75
COMP DRUG SCR G		0023019	193.00
80100 80101X4			
COMP DRUG SCR S/PUG		0023020	306.00
80100X3 80101X19			
COMP DRUG SCR US/P		0006640	245.00
80100X2 80101X15			
COMP DRUG SCRE		0006635	193.00
80100 80101X9			
COMP METAB PNL	80053	0010231	9.65
COMPLEMENT C5	86160	0000354	97.00
COMPLEMENT, TOTAL (CH50 U	86162	0000618	49.50
COOMBS, DIRECT	86880	0000361	12.25
COPPER	82525	0000363	26.25
COPPER (U)	82525	0000365	71.00
CORTISOL, TOTAL	82533	0000367	58.31
CORTISOL, FREE(U)	82530	0000370	95.75
COXSACKIE A VIRUS AB	86658X4	0004863	168.00
COXSACKIE B AB, NEUT	86658X6	0006445	225.00
CREATININE	82565	0000375	5.63
CREATININE (U)	82570	0000381	15.75

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CREATININE CLEARANCE	82575	0007943	44.00
CRP	86140	0004420	29.81
CRYOGLOBULIN QL	82595	0000383	25.25
CRYPTO AG DFA 87272 87015		0037213	56.20
CRYPTOCOCCUS AG	87327	0002336	78.00
CRYPTOCOCCUS AG	86403	0004561	78.00
CRYPTOCOCCUS AG, CSF	86403	0004125	63.00
CRYSTALS, FLUID	89060	0003134	59.75
CRYSTALS, SYN FLD	89060	0004563	59.75
CT/GC AMPL DNA, OTV		0010430	120.00
CULT, UR SUPRAPUBIC 87205 87070		0004559	41.75
CULT,RAPID FLU A&B 87254 87140		0035945	108.00
CULTURE & TYPING,HSV	87254	0002649	154.00
CULTURE, AEROBIC BAC	87070	0004550	53.00
CULTURE, ANAEROBIC	87075	0004469	97.00
CULTURE, BLOOD	87040	0000389	64.75
CULTURE, C DIFFICILE 87081 87185		0004407	64.75

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CULTURE, CAMPYLOBAC.	87046	0004475	45.00
CULTURE, CHLAMYDIA 87110 87140		0000690	115.00
CULTURE, CMV	87254	0005423	102.00
CULTURE, CSF 87205 87070		0000388	61.75
CULTURE, EAR, EXT.	87070	0004477	44.50
CULTURE, EYE, EXT.	87070	0004480	44.50
CULTURE, FUNGUS 87206 87102		0004553	64.50
CULTURE, GENITAL	87070	0004558	49.00
CULTURE, H PYLORI 87081 87077 87147 87149 87143 87140		0008395	77.75
CULTURE, HSV, RAPID	87254	0002692	95.50
CULTURE, LEGIONELLA	87081	0000688	130.00
CULTURE, NEISSERIA	87081	0000480	35.75
CULTURE, THROAT	87070	0000394	44.50
CULTURE, UR ROUTINE 87086 87088		0000395	41.75
CULTURE, VIRUS	87252	0000689	213.00

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
CULTURE, AEROB/ANAER 87205 87075 87070		0004446	130.00
CULTURE, E COLI 0157 87046 87077 87147 87149 87143 87140 87158		0008631	45.50
CULTURE, NP/NASAL	87070	0004482	44.50
CULTURE, SALM, SHIG	87045	0010019	33.75
CULTURE, SPUTUM/LOWER RESP 87205 87070		0004556	44.50
CYANIDE BLOOD	82600	0000400	95.75
CYCLOSP PANEL, FPIA		0010720	519.00
CYCLOSP PEAK, FPIA		0010719	173.00
CYCLOSPOR/ISOS 87207 87015		0010018	56.20
CYCLOSPORINE (B)	80158	0004845	78.50
CYSTATIN C		0010570	108.00
CYTO, NON-GYN FL	88104	0003505	98.75
DEOXYCORTISOL, 11-	82634	0000357	213.00
DESIPRAMINE	80160	0000412	103.00
DHEA-SULFATE	82627	0000402	97.50
DIAZEPAM	80154	0000913	85.00

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
DIGOXIN	80162	0000418	46.31
DIPHENHYDRAMINE(U)QL	80101	0006113	64.69
DIRECT LDL	83721	0008293	21.75
DISOPYRAMIDE	80299	0000416	77.75
DNA AB, NATIVE	86225	0000255	51.37
DNA CELL CYCLE	88182	0008364	205.00
DOXEPIN	80166	0000826	103.00
DRAW FEE, PSC SPEC.	36415	0003259	4.00
DRUG SCREEN 10-50 +	80101X11	0002180	31.00
DRUG SCREEN 6+	80101X7	0030454	26.63
DRUG SCR N 6-50	80101X6	0023497	69.25
DRUG SCR N 6-50 +	80101X7	0023700	87.00
EBV AB PANEL		0006421	68.00
86665X2 86664			
EBV EARLY AG/AB R&D	86663	0036262	102.00
EBV IGG AB	86665	0008474	76.00
EBV IGM AB	86665	0008426	76.00
EBV NUCLEAR AG AB	86664	0008564	76.00
ELECTROLYTE PANEL	80051	0034392	6.44
EMER TOX PROFI		0001027	184.00
82003 80196 80101X3 84600			

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
EMER TOX SCR (S)		0001025	140.00
82003 80196 80101X3 84600			
EMER TOX SCR (U)	80101X11	0001026	140.00
ENA SCR W/REFL ABS Y	83516	0010542	107.00
EOSINOPHIL COUNT (B)	85048	0000425	25.25
EOSINOPHIL CT, NASAL	89190	0000426	20.50
ERYTHROPOIETIN	82668	0000427	118.00
ESBL CONF	87184	0036470	22.50
ESTRADIOL, ADULT FEMALE	82670	0000429	104.25
ESTRIOL, UNCONJ	82677	0000434	58.31
ESTRIOL, PLACENTA		0000435	87.75
ETHCHLORVYNOL	82690	0000722	94.50
ETHOSUXIMIDE	80168	0000214	75.50
ETHYLENE GLYCOL	82693	0000801	43.00
FAMILIAL DYSAUTONOMI		0010701	220.00
83891 83896X2 83901 83912			
FEBRILE AGGLUTININS		0000450	101.00
86622 86609 86768X4			
FECAL FAT, QUAL	82705	0003967	26.50
FEP	84202	0000762	83.25
FERRITIN	82728	0000457	51.37

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
FETAL HEMOGLOBIN	83021	0000513	53.50
FETAL LUNG MAT (FLM)		0010419	102.60
FIBRIN SPLIT PROD QN	85362	0000458	53.50
FIBRINOGEN QN	85384	0000461	21.25
FISH ACROCENTRIC P-A 88237 88271X5 88275 88291		0010105	396.00
FISH AML1/ETO T 8;21 88237 88271 88275 88291		0010106	396.00
FISH BLADDER CANCER 88271X4 88273 88291		0010107	450.00
FOLATE, RBC	82747	0000467	53.50
FOLATE, SERUM	82746	0000466	47.44
FRUCTOSAMINE	82985	0008340	31.75
FSH	83001	0000470	59.25
FTA-ABS	86781	0004112	28.00
FUNGAL STAIN	87206	0008627	25.25
G-6-PD (B)	82955	0000500	34.75
G-6-PD (B) QL	82955	0004987	79.50
GASTRIN	82941	0000478	37.00
GENTAMICIN	80170	0000481	83.25
GGT	82977	0000482	19.87

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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
GIARDIA AG DETECTION	87328	0008625	52.00
GLOB,TOT W A/G RATIO 84155 82040		0007577	5.79
GLUCOSE	82947	0000483	5.63
GLUCOSE	82947	0000484	13.12
GLUCOSE (U)	82945	0000491	25.50
GLUCOSE, GEST. SCR.	82950	0008477	13.12
GLUT. REDUCTASE SCR	84999	0004986	63.00
GLUTAMINE, CSF	82975	0000977	132.00
GLYCATED HGB, TOTAL	83036	0029488	43.00
GLYCOSYLATED ALBUMIN	82985	0005032	64.50
GRAM STAIN	87205	0000497	10.50
GROUP B STREP AG	86403	0004423	85.00
GTT, GESTATIONAL, 4 82951 82952		0006745	52.50
H.PYLORI IGG AB	86677	0029407	72.50
HAPTOGLOBIN	83010	0000502	35.25
HBSAG CONFIRMATION	87341	0036204	33.75
HCG (TUMOR MARKER)	84702	0000505	37.75
HCG, TOTAL (U) QL	84703	0000396	19.87
HCG,SERUM QNT	84702	0037366	62.44

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
HCG, SERUM, QUAL	84703	0008435	31.31
HCG, SERUM, QUANT	84702	0008396	62.44
HDL-CHOLESTEROL	83718	0000608	24.19
HEINZ BODIES STAIN	85441	0000552	41.75
HEMATOCRIT	85014	0000509	10.31
HEMOGLOBIN (B)	85018	0000510	10.31
HEMOGLOBIN A1C, IEC	83036	0000496	35.06
HEMOGLOBIN A2 (QUANT)	83021	0000511	105.00
HEMOGLOBIN, (P)	83051	0000514	70.50
HEMOGRAM	85021	0007008	10.69
HEMOGRAM/PLT	85027	0001759	9.00
HEMOSIDERIN STAIN	83070	0000518	41.75
HEP A AB, TOTAL	86708	0000508	48.56
HEP A AB, W/REFL IGM	86708	0036504	48.56
HEP A IGM AB	86709	0000512	56.62
HEP B CORE AB, TOTAL	86704	0000501	42.19
HEP B CORE IGM AB	86705	0004848	62.44
HEP B SURFACE AB OL	86706	0000499	40.12
HEP B SURFACE AB QN	86706	0008475	40.12
HEP B SURFACE AG	87340	0000498	36.75
HEP B SURFACE AG	87340	0037567	44.00

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
0001602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
HEP C AB	86803	0008472	67.50
HEPARIN COFACTOR II	85300	0010484	146.00
HEPATIC FUNC PNL	80076	0010256	7.40
HEPATIC FUNC PNL W/O TP		0034391	7.08
82040 82247 82248 84075 84450 84460			
HETEROPHILE, MONO	86308	0000654	18.94
HGB ELECTROPHORESIS	83020	0000517	54.37
HIAA, 5-, URINE	83497	0000523	35.25
HISTOPLASMA AB BY CF	86698X2	0000938	102.00
HISTOPLASMA AB BY ID	86698	0000526	64.75
HIV SCR-WB CONF	86701	0006449	48.56
HIV 1 P24 AG (VN)	87390	0008377	104.00
HIV-1 AB BY WBA	86689	0005233	142.00
HIV-1 AB BY WBA	86689	0008814	142.00
HLA B27 PCR	86812	0010465	221.00
HLA DR,DQ PHENOTYPE	86817	0008944	396.00
HLA-B27 ANTIGEN	86812	0000528	53.75
HLA-DR4 ANTIGEN		0010454	150.00
HOMOCYSTEINE, NUTR	83090	0036362	141.00
HOUSE DUST-GR (H1)	86003	0002711	26.81

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016802

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
HPV HR		0031532	60.00
HPV HYBRID CAPTURE 2	87621X2	0036453	125.00
HSV IGM RFL TITR/IGG		0010267	92.75
HSV IGM TITER		0038750	75.00
HSV 1 IGG TYPE SP.AB	86695	0003636	70.50
HSV 1 IGM, IFA	86695	0003638	105.00
HSV 1&2 IGM ANTIBODY		0007438	92.75
86695 86696			
HSV 1&2 TYPE SP.IGG		0006447	117.75
86695 86696			
HSV 2 IGG TYPE SP.AB	86696	0003640	70.50
HSV 2 IGM, IFA	86696	0003642	105.00
HVA,24 HR URINE	83150	0000530	128.00
HYDROXYPROG., 17-A-	83498	0000534	60.00
IGA, FLUID	82784	0008527	33.50
IGG SUBCLASS 2	82787	0005426	83.25
IGG SUBCLASS 3	82787	0005427	83.25
IGG, FLUID	82784	0008528	33.50
IMIPRAMINE	80174	0000887	46.75
IMMUNOFIXATION,S	86334	0000549	101.25
IMMUNOGLOBULIN A	82784	0000539	23.50

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
IMMUNOGLOBULIN D	82784	0000541	70.50
IMMUNOGLOBULIN E	82785	0000542	54.37
IMMUNOGLOBULIN G	82784	0000543	23.50
IMMUNOGLOBULIN M	82784	0000545	23.50
INFLUENZA A AB	86710	0000687	94.50
INFLUENZA AG BY DFA	87299	0008357	61.75
INFLUENZA B AB	86710	0004440	94.50
INSULIN	83525	0000561	24.50
IRON, TOTAL	83540	0000571	16.12
IRON, TOTAL, & IBC		0007573	31.31
83540 83550			
KENNEDY DISEASE		0010714	335.00
KETOGENIC STEROIDS	84311	0000582	77.75
L/S RATIO		0007584	150.00
83661 84081			
LACTIC ACID (P)	83605	0000585	75.50
LDH	83615	0000593	14.81
LEAD, 24-HR URINE	83655	0036440	64.00
LEPTOSPIRA AB BY IHA	86720	0000983	70.50
LEUKOCYTE ALK PHOS	85540	0000233	64.75
LEUKOCYTES, FECAL	87205	0003930	21.50

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
LIDOCAINE	80176	0000605	86.25
LIPASE	83690	0000606	28.12
LITHIUM	80178	0000613	12.50
LUTEINIZING HORMONE	83002	0000615	66.37
LYME DIS IGG/IGM WBA	86617X2	0008593	45.75
LYME DISEASE DNA/PCR	87476	0034287	215.00
LYMPH CT, ABSOLUTE	85048	0008561	13.25
M. PNEUMONIAE AB CF	86738	0005307	32.00
M. RECTIVIRGULA AB	86609	0004655	50.25
MAGNESIUM	83735	0000622	22.69
MAGNESIUM (U)	83735	0000625	39.75
MALARIA SMEAR	87207	0000831	94.50
MARIJUANA-100	80101	0007178	124.00
MARIJUANA-20 SC/CF	80101	0002158	124.00
MATERNAL SERUM 1	82105	0005059	70.87
MATERNAL SERUM 3		0007292	160.50
82105 84702 82677			
MEPERIDINE (U) QL	80101	0006185	77.75
MEPHOBARBITAL	80184	0000630	32.00
MEPROBAMATE	83805	0000635	103.00
METANEPHRINES, FRAC.	83835	0000641	108.00

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00018602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
METHADONE SC/CF	80101	0007176	124.00
METHADONE, GC/MS (U)	83840	0008418	98.25
METHOTREXATE	80299	0000648	95.75
MICROALBUMIN (U)	82043	0004555	39.00
MUCIN CLOT, SYN FL	83872	0000657	21.50
MUMPS AB,EIA(A&C)	86735X2	0008803	83.00
MUMPS VIRUS IGG, EIA	86735	0008624	41.50
MUSCLE FIBERS, FECAL	89160	0008428	78.75
MYCO/UREA CULTURE	87109	0000871	178.00
MYELOID DISORDERS		0010709	475.00
88237 88271x4 88275x4 88291			
MYOCARDIAL AB TITER	86256	0036156	17.50
MYOCARDIAL W/TITER	86255	0000261	115.00
N.GON DNA	87590	0037348	31.31
N.GON DNA,CX M/URET	87590	0008501	31.31
N.GONOR AMPL DNA,OTV		0010429	60.00
NADH DIAPHORASE QL	84311	0005011	61.00
NEUTR CYTO AB ENDPT	86021X2	0008836	186.00
NORTRIPTYLINE	80182	0000272	46.75
NUCLEOTIDASE, 5'	83915	0000671	51.75
OCCULT BLD, FECES 1	82270	0000673	9.75

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
OPIATES, GC/MS (U)	83925	0006232	98.25
OPIATES, GC/MS (U)QL	80101	0007179	124.00
OSMOLALITY (U)	83935	0000678	59.75
OXALATE (U)	83945	0000682	31.25
OXAZEPAM	80154	0000808	83.25
PARAINFLUENZA AG DFA	87279	0008358	61.75
PARASITE EXAM 87177 88313		0000681	53.50
PARASITE ID	87999	0003946	45.50
PARIETAL CELL TITER	86256	0036207	17.50
PARIETAL CELL W/TITR	86255	0000262	64.75
PCP BY GC/MS (U)	83992	0006251	98.25
PENTOBARBITAL	82205	0000700	90.00
PHENCYCLIDINE SC/CF	80101	0007180	124.00
PHENOBARBITAL	80184	0000708	32.00
PHENYLALANINE (B) QL	84030	0000720	30.00
PHENYTOIN	80185	0000713	54.37
PHLEBOTOMY FEE	36415	0029756	4.00
PHLEBOTOMY FEE	36415	0029757	8.00
PHLEBOTOMY FEE	36415	0029758	12.00
PHLEBOTOMY FEE	36415	0029759	16.00

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00018602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
PHLEBOTOMY FEE	36415	0029760	20.00
PHLEBOTOMY FEE	36415	0029761	24.00
PHOS, INORGANIC (U)	84105	0000719	34.50
PHOS, INORGAN, FL	84100	0001695	34.50
PHOSPHATIDYLGlycerol	83516	0001683	205.00
PHOSPHOETHANOLAMINE	82131	0005017	286.00
PHOSPHOLIPIDS	84311	0000717	59.25
PHOSPHORUS, INORGANIC	84100	0000718	5.63
PICK UP FEES, STAT	99001	0003812	50.82
PIGEON SERUM AB	86331	0004656	50.25
PINWORM ID	87172	0004496	26.50
PLASMA RENIN ACTIV	84244	0010537	46.75
PLATELET COUNT	85595	0000723	9.75
PNEUM.ABS IGG, POST		0038792	126.00
PNEUM.ABS IGG, PRE		0038791	126.00
POTASSIUM	84132	0000733	5.63
POTASSIUM (U)	84133	0000734	34.50
POTASSIUM, PLASMA		0011014	5.63
PREALBUMIN	84134	0004847	38.75
PRIMIDONE		0000751	59.00

80188 80184

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
PRO TIME WITH INR	85610	0008847	13.50
PROCAINAMIDE	80192	0000743	39.25
PROGESTERONE	84144	0000745	59.25
PROLACTIN	84146	0000746	78.75
PROPOXYPHENE, GC/MS	82491	0008419	98.25
PROSTATE SPECIFIC AG	84153	0005363	68.44
PROTEIN ELECTRO.		0000747	42.19
84155 84165			
PROTEIN ELECTRO. (U)		0000750	33.25
84155 84165			
PROTEIN, TOTAL	84155	0000754	5.63
PROTEIN, TOTAL (U)	84155	0000757	25.87
PROTEIN, TOT, SYN FL	84155	0004404	34.50
PROTHROMBIN 1.2	83520	0037674	135.00
PROTOPORPHYRIN, ZINC	84202	0000948	54.50
PTH, INTACT & CALCIUM		0008837	109.50
83970 82310			
PTT, ACTIVATED	85730	0000763	21.75
PYRUVATE (B)	84210	0000765	85.00
Q FEV. IGG PHSI TITER	86638	0038506	45.00
Q FEVER IGG PHSI SCR	86638	0038505	23.25

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
Q FVR IGG PHS II SCR	86638	0038507	23.25
Q FVR IGG PHSII TITR	86638	0038508	45.00
Q FVR IGM PHSEI SCR	86638	0038509	23.25
Q FVR IGM PHSI TITER	86638	0038510	52.00
Q FVR IGM PHSII SCR	86638	0038511	23.25
Q FVR IGM PHSII TITR	86638	0038512	52.00
QUINIDINE	80194	0000766	30.75
RAR ALPHA T(15.17)		0037743	312.00
RBC AB TITER	86886	0036300	13.12
RENAL FUNC PNL	80069	0010314	8.37
RENIN DIRECT	84244	0000787	46.75
RETICULIN ANTIBODIES	86255	0004419	97.00
RETICULOCTE COUNT	85045	0000793	16.12
RH PHENOTYPING	86906	0000794	77.75
RH TYPE	86901	0000792	17.25
RICKETTSIAL IGG AB	86757X2	0004569	107.00
RMSF IGM TITER		0037470	85.00
RMSF TITER,(IGG)		0037468	75.00
ROTAVIRUS AG DETECT.	87425	0000706	63.00
RPR (REFL)	86592	0001761	5.35
RPR MONITOR W/REFL	86592	0000799	5.35

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
RPR TITER	86593	0036203	7.12
RPR(OX)REFL FTA	86592	0036126	13.50
RSV AB BY CF	86756	0004467	61.75
RSV AG BY DFA	87280	0005291	61.75
RSV AG BY EIA	87420	0008467	61.75
RUBELLA IGG AB	86762	0000802	32.25
RUBELLA IGM ANTIBODY	86762	0004422	138.00
RUBEOLA IGG AB	86765	0000964	62.44
S VIRIDUS AB	86671	0004800	50.25
SALICYLATE	80196	0000805	51.75
SALICYLATE (U)	80101	0008574	73.69
SCL-70	86235	0004942	97.00
SED RAT BY MOD WEST	85652	0000809	5.35
SEMEN ANALYSIS	89320	0006668	79.25
SEMEN ANALYSIS, NON	89399	0038086	62.50
SICKLE CELL SCREEN	85660	0000825	14.81
SJOGREN'S ANTIBODIES	86235X2	0007832	107.00
SKELETAL MUSC W/TITR	86255	0000266	97.00
SM & SM/RNP ABS	86235X2	0007448	107.00
SM/RNP ABS	86235	0038567	54.00
SODIUM	84295	0000836	5.63

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
SODIUM (U)	84300	0000838	34.50
SPERM COUNT	89399	0000846	43.00
SS A RO AB(IGG)EIA	86235	0038568	54.00
SS B LA AB(IGG)EIA	86235	0038569	54.00
STARCH, FECAL	89355	0008453	38.00
STREP AG(A)RFL/CUL	87430	0010553	18.94
STREPTOZYME	86403	0000854	44.50
STRIATED AB TITER	86256	0036210	17.50
SUS. RAPID GROW BACT	87186	0010592	205.00
SUSC, MYCOBACTERIUM	87190X5	0007950	101.00
SYNOVIAL FL ANALYSIS 89051 89060 83872		0006398	109.00
SYPHILIS SMEAR	87285	0023087	49.00
T CANDIDUS AB	86602	0004651	50.25
T PALLIDUM AB BY MHA	86781	0000653	25.75
T SACCAHARI AB	86602	0004652	50.25
T VULGARIS AB	86602	0004650	50.25
T-3 UPTAKE	84479	0000861	10.50
T-3, FREE	84481	0034429	100.12
T-3, TOTAL	84480	0000859	59.25
T-4 (THYROXINE)	84436	0000867	11.50

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
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SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
T-4, FREE	84439	0000866	68.81
TEICHOIC ACID AB	86329	0000966	85.00
TEL-AML1,T(12;21)PCR		0037085	250.00
83890 83894X2 83901X2 83902 83912			
TESTOSTERONE, TOTAL	84403	0000873	96.00
THC METAB., GC/MS U	82542	0004846	98.25
THEOPHYLLINE	80198	0000878	34.25
THIOCYANATE	84430	0000879	102.00
THYROGLOBULIN AB	86800	0000267	33.00
TOBRAMYCIN	80200	0000888	86.25
TOXO IGG AB	86777	0003679	58.31
TOXO IGM AB, EIA	86778	0008636	49.50
TPPT MCR RFX HPV		0037210	60.00
TPPT W/RFX HPV		0031530	60.00
TRANSFERRIN	84466	0000891	31.50
TRANSKETOLASE (B)	84425	0000960	154.00
TRIAZOLAM	80154	0005767	169.00
TRIGLYCERIDES	84478	0000896	14.81
TSH	84443	0000899	21.00
TSH (REFL)	84443	0008018	21.00
TSH W/REFL FT4	84443	0036127	21.00

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
TSH,US (0,20 MIN)		0010423	152.00
TSH,US(0-60MINS)		0010425	380.00
TSH,US(0,15,30MIN)		0010424	228.00
TULAREMIA AGGLUTININ	86668	0000980	43.00
TYPHUS IGG TITER		0037472	75.00
TYPHUS IGM TITER	86757	0037474	85.00
UA, CULTURE IF INDICATED	81001	0003020	4.65
UA, REFLEX	81003	0007909	4.65
UREA NITROGEN (BUN)	84520	0000294	5.63
UREA NITROGEN (U)	84540	0000973	25.87
URIC ACID	84550	0000905	14.81
URIC ACID (U)	84560	0000907	17.75
URIC ACID, SYN FL	84560	0004403	34.50
URINALYSIS SCREEN	81003	0007048	4.65
URINALYSIS, COMPLETE	81001	0005463	4.65
URINALYSIS, COMPLETE (SM)	81000	0022726	4.65
URINALYSIS, MACRO	81003	0006448	5.44
URINALYSIS, MICRO	81015	0008563	6.37
URINALYSIS, REFLEX	81002	0022725	4.65
VALPROIC ACID	80164	0000916	18.00
VALPROIC ACID PNL	80164X2	0037409	129.00

DUBLIN LAB
COASTSIDE MENTAL HLTH CTR
00016602

SERVICE DESCRIPTION	PROCEDURE CODE	SERVICE CODE	NET FEE
VANCOMYCIN	80202	0000917	94.50
VDRL, CSF	86592	0004128	36.50
VIBRIO CULTURE	87046	0004489	44.50
VIT B2 NUTR. STATUS	84252	0001712	154.00
VITAMIN B12	82607	0000927	52.87
VMA (U)	84585	0000934	36.00
VOLATILES	84600	0007240	78.50
VOLATILES (U) QL	80101	0007935	78.25
YERSINIA CULTURE	87046	0004487	44.50
ZINC (P)	84630	0000945	25.50
11 DEOXYCORTISOL 24H	82634	0037551	196.00

THE CPT CODES PROVIDED ARE BASED ON AMA GUIDELINES AND ARE FOR INFORMATIONAL PURPOSES ONLY. CPT CODING IS THE SOLE RESPONSIBILITY OF THE BILLING PARTY. PLEASE DIRECT ANY QUESTIONS REGARDING CODING TO THE PAYOR BEING BILLED.

EXHIBIT E - QUEST DIAGNOSTIC CLINICAL LABORATORIES, INC.
 MONTHLY UTILIZATION, INVOICE, & THIRD PARTY BILLING FIELD LAYOUT

Required for Monthly Utilization File Layout	
Field Name	Length
Laboratory ID	3
Client Number	9
Requisition Number	7
Test Date	8
Service Code	7
Test Sequence	4
Filler	1
List Price	9
Billed Price	9
Service Name	20
Weighted Units	9
Client Name	25
Client Address	25
Client City	25
Client State	5
Client Zip	5
Client Phone	10
Patient Name	25
Patient ID	15
Patient Sex	1
Patient Age	3
CPT Code	7
CPT Description	20
Physician Name	25
Physician Specialty	4
Physician UPIN	6
ICD9 Code	6
Number of Occurrences	3
Patient Birth Date	8
Test Price	10
Net Price	10
Weighted Units	10
STAT Test Ind	1
Test Order Date	8
Billed Party ID Code	8
Billed Party Name	25
Filler	43

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Quest Diagnostics Clinical Laboratories, Inc.

Contact Person: Keith Law

Address: 6511 Golden Gate Drive

Dublin, CA 94568

Phone Number: 925-803-3064 Fax Number: 925-551-8345

II Employees

Does the Contractor have any employees? X Yes ___ No

Does the Contractor provide benefits to spouses of employees? X Yes ___ No

If the answer to one or both of the above is no, please skip to Section IV.

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits...
Yes, the Contractor complies by offering a cash equivalent payment...
X No, the Contractor does not comply.
The Contractor is under a collective bargaining agreement...

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 2nd day of January, 2003 at Dublin, CA (City) (State)

Signature of Beth L. Rogers

Name (Please Print) Beth L. Rogers

Title Human Resources Generalist

Contractor Tax Identification Number

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. employs fewer than 15 persons.
- b. employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Beth K. Rogers

Name of 504 Person - Type or Print

Quest Diagnostics Clinical Laboratories, Inc.

Name of Contractor(s) - Type or Print

6511 Golden Gate Drive

Street Address or PO Box

Dublin

City

CA

State

94568

Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

1-2-03

Date

Beth K. Rogers / HR Generalist
Signature and Title of Authorized Official

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO

MEMORANDUM

DATE: November 20, 2002

TO: Priscilla Morse, Risk Management/Insurance Division
FROM: John Klyver, Mental Health/FAX x2841/PONY #MLH 322
SUBJECT: Contract Insurance Approval

CONTRACTOR NAME: Quest Diagnostics, Inc.

DOES THE CONTRACTOR TRAVEL AS PART OF CONTRACT SERVICES: Yes

NUMBER OF EMPLOYEES WORKING FOR THE CONTRACTOR: Yes

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: See attached

Table with 5 columns: COVERAGE, Amount, Approve, Waive, Modify. Rows include Comprehensive General Liability, Motor Vehicle Liability, Professional Liability, and Worker's Compensation.

APPROVE [Signature]

WAIVE _____

MODIFY _____

REMARKS/COMMENTS:

[Signature]
SIGNATURE

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
NYC-001462837-03

PRODUCER
MARSH USA INC.
ATTN: LORRAINE PEREZ
1166 AVENUE OF THE AMERICAS
NEW YORK, N.Y. 10036-2774
PHONE 212-345-3346 FAX 212-345-4635

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

- COMPANY
A QUEST DIAGNOSTICS INCORPORATED
- COMPANY
B TRAVELERS INDEMNITY COMPANY OF ILLINOIS
- COMPANY
C N/A
- COMPANY
D TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED
QUEST DIAGNOSTICS INCORPORATED
ONE MALCOLM AVENUE
TETERBORO, NJ 07608

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	"\$5,000,000 SELF INSURED" "RETENTION"	12/31/01	12/31/02	GENERAL AGGREGATE \$ 5,000,000
					PRODUCTS - COMP/OP AGG \$ 5,000,000
					PERSONAL & ADV INJURY \$ 5,000,000
					EACH OCCURRENCE \$ 5,000,000
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TC2JCAP266T3603-01 (A/O/S) TRJCAP266T3596-01 (MA) TC2ECAP266T3584-01 (TX)	12/31/01	12/31/02	COMBINED SINGLE LIMIT \$ 2,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	TC2JUB266T3523-01 (A/S) TRJUB266T3535-01	12/31/01	12/31/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					EL EACH ACCIDENT \$ 2,000,000
					EL DISEASE-POLICY LIMIT \$ 2,000,000
					EL DISEASE-EACH EMPLOYEE \$ 2,000,000
A	OTHER PROFESSIONAL LIAB.	SELF-INSURED RETENTION	12/31/01	12/31/02	PER CLAIM 5,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
COUNTY AND ITS OFFICERS, AGENTS, EMPLOYEES AND SERVANTS ARE NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

SAN MATEO COUNTY HEALTH CENTER
222 W. 39TH AVENUE
SAN MATEO, CA 94403

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
by: Edward M. Thal

MM1(3/02)

VALID AS OF: 12/12/02

**HEALTH SERVICES AGENCY
HEALTH ADMINISTRATION**

TO: Honorable Board of Supervisors
FROM: Margaret Taylor, Director, Health Services Agency *MT*
Gale Bataille, Director of Mental Health *Gale Bataille*
SUBJECT: Equal Benefits Waiver request for agreement with Quest Diagnostics, Inc.
DATE: January 6, 2003

The purpose of this memo is to request that a waiver of compliance with the Equal Benefits ordinance be granted for Quest Diagnostics Clinical Laboratories, Inc. for services for Mental Health and for Correctional Health. Quest has been a provider of laboratory services for Health Services since 1995, and was one of two providers who responded to an RFP for laboratory services issued by Mental Health Services in April of this year. Quest was the selected provider. The other respondent was Unilab. Quest is now in the process of acquiring Unilab. Once that transaction is complete, Quest will be the only provider of laboratory services in San Mateo County that will be able to provide our required level of service.

Quest's response to the RFP indicated confirmation that they provide equal benefits to spouses and domestic partners as required by our County ordinance. They informed us recently, after further review of our ordinance, that, while they offer domestic partners benefits, they do not fully comply in the provision of equal benefits to domestic partners. We believe that this oversight was due to lack of due diligence, and was not intentional.

The areas where Quest does not fully comply are: bereavement leave, health insurance, and family medical leave. Quest limits bereavement leave to an immediate family member and anyone who resides with the employee, but allows an expanded in-law definition for married employees that does not apply to domestic partners. They provide several forms of health insurance, including PPO, point of service and HMO. They offer PPO and point of service coverage to domestic partners of employees, but not HMO. Their national policy is to only offer benefits that are available to all employees nation wide. Approximately 40% of their HMO providers do not offer benefits to domestic partners. Hence, they do not offer that service benefit option. With regard to the provision of family medical leave they only comply with State law.

**COUNTY OF SAN MATEO
Waiver Request Memo**

Date: January 6, 2003
To: Honorable Board of Supervisors
From: Margaret Taylor, Director, Health Services Agency *MT*
Gale Bataille, Director, Mental Health Services *Gale Bataille*
Subject: Waiver Request

We are requesting a waiver of the Equal Benefits Ordinance to enter into or amend a contract with Quest Diagnostics Clinical Laboratories, Inc. for laboratory services in the amount of \$475,000.

This waiver is necessary and in the best interest of the County for the following reason(s):

- Necessary in order to respond to an emergency
- Sole Source
- No compliant contractors are capable of providing the goods/service
- Inconsistent with a grant, subvention or agreement with a public agency
- Is part of a Cooperative or Joint Purchasing Agreement
- Other

Attached is a detailed explanation of the reason(s) checked above.

- Approved
- Not Approved

Signing Authority

Date