Part II – Cost Proposal	
RFP Title:	Temporarily Assigned Medical Positions
RFP:	3051
Vendor Name:	Barton Associates, Inc.
Address:	10 Dearborn Road, Peabody, MA 01960
Proposal Opening Date:	6/26/13
Proposal Opening Time:	2:00 PM

MASTER

Cost Proposal

A. Anesthesia

1. Bread & Butter: $1850-2000 for an 8 hour day
    - i. Beeper Fee weeknight: $250-$300, call back rate: $250-300/hour
    - ii. 24 Hour Weekday call: $1000-$1100, call back rate: $250-$300/hour
2. Cardiac: $2200-$2500/day for an 8 hour day
    - i. Beeper Fee weeknight: $300-$350, call back rate: $300-350/hour
    - ii. 24 Hour Weekday call: $1200-$1300, call back rate: $250-$300/hour
3. Pediatric/Neuro: Negotiable
4. CRNA: $160-170/hour

B. Cardiology

1. $250-320/hour
    - i. Beeper Fees & Call Back Rates: Negotiable

C. Dermatology

1. $230-300/hour
    - i. Beeper Fees & Call Back Rates: Negotiable

D. Emergency Medicine

1. Low Volume, no certifications-High volume, ABEM, residency trained: $180-$350+
2. ER NP: $115-$140/hour

   Depending on the doctor & the holiday there may be time and a half or double time rates for overtime/holidays

E. Family Practice or Internal Medicine

1. Family Practice: $140-$180/hour
    - i. Beeper Fee Weekday: $200-250, Call Back Rate: $160-200/hour
    - ii. Beeper Fee Weekend Day: $300-400, Call Back Rate: $160-200/hour
2. Pediatrics: $150-$190/hour
    - i. Beeper Fee Weekday: $200-250, Call Back Rate: $160-200/hour
    - ii. Beeper Fee Weekend Day: $300-400, Call Back Rate: $160-200/hour
3. Internal Medicine: $160-$200/hour
    - i. Beeper Fee Weekday: $200-250, Call Back Rate: $160-200/hour
    - ii. Beeper Fee Weekend Day: $300-400, Call Back Rate: $160-200/hour
4. Family Practice Nurse Practitioner: $100-$130/hour
    - i. Beeper Fee Weekday: $125-$200, Call Back Rate: $125-150/hour
    - ii. Beeper Fee Weekend Day: $200-$300, Call Back Rate: $125-150/hour
5. Pediatric Nurse Practitioner: $100-$130/hour
    - i. Beeper Fee Weekday: $125-$200, Call Back Rate: $125-150/hour
    - ii. Beeper Fee Weekend Day: $200-$300, Call Back Rate: $125-150/hour

F. Gastroenterology

1. $250-300/hour
    - i. Beeper Fees & Call Back Rates: Negotiable

G. Hospitalist

1. $210-$250/hour

2. Beeper Fee if applicable: $350-600/day, call back rate- $210-250 /hour
3. All overtime (after 12 hours) and holidays will be calculated at 1.5 times the regular hourly rate.

H. Infectious Disease

1. $230-300/hour
    i. Beeper Fees & Call Back Rates: Negotiable

I. Neurology

1. $230-300/hour
    i. Beeper Fees & Call Back Rates: Negotiable

J. OB/GYN (no deliveries)

1. $160-$250/hour
    i. Beeper Fees & Call Back Rates: Negotiable
2. All overtime will be calculated at 1.5 times the regular hourly rate

K. Occupational Med

1. $130-155/hour

L. Ophthalmology

1. $230-270/hour

M. Oncology

1. $200-300/hour
    i. Beeper Fees & Call Back Rates: Negotiable

N. Pain Management

1. $200-250/hour

O. Pediatric Hospitalist

1. $250-300/hour
    i. Beeper Fees & Call Back Rates: Negotiable

P. Psychiatry (including Child & Adolescent)

1. $210-$275/hour
2. Beeper Fee weeknight: $240-260/night, call back rate-overtime rate
3. Beeper Fee weekend: $550-700/day, call back rate-overtime rate
4. Nurse Practitioner: $125-$140/hour
5. All overtime will be calculated at 1.5 times the regular hourly rate

Q. Pulmonology

1. $275-380/hour
    i. Beeper Fees & Call Back Rates: Negotiable

R. Rheumatology

1. $200-300/hour
    i. Beeper Fees & Call Back Rates: Negotiable

S. Physical Medicine/Rehab

1. $230-270/hour

T. Radiology

1. General Diagnostic (weekday): $2100-$2600/day (varies depending on volume and modalities required)
2. Interventional (weekday): $2700-$3000/day
3. Beeper Fee-weeknight: 1/8 of the weekday rate
   Call back rate-weeknight: 1/8 of the weekday rate/hour.
4. Beeper Fee-weekend: ½ the weekday rate
   Call back rate-weekend: 1/8 of the weekday rate/hour

U. Surgery

1. Ortho
   Weekday: $16-2400/8 hours, $250-350 beeper fee, $250-350 Call back rate.
   Weekend: $16-2400/2 hours, $250-350 Call back rate
2. ENT
   Weekday: $18-2300/8 hours, $200-400 beeper fee, $200-400 call back rate.
   Weekend: $18-2300/2 hours, $200-400 call back rate
3. Urology
   Weekday: $1800-2500/8 hours, $200-400 beeper fee, $200-400 call back rate.
   Weekend: $1800-2500/2 hours, $200-400 call back rate
4. Neurosurgery
   Weekday: $3500-5500/8 hours, $400-600 beeper fee, $400-600 call back rate.
   Weekend: $3500-5500/2 hours, $400-600 call back rate
5. General
   Weekday: $1600-1900/8 hours, $200-300 beeper fee, $200-300 call back rate
   Weekend: $1600-1900/2 hours, $200-300 call back rate
6. Cardiovascular/Thoracic
   Weekday: $2000-4000/8 hours, $200-400 beeper fee, $200-400 call back rate
   Weekend: $2000-4000/2 hours $200-400 call back rate
7. Trauma/Critical Care
   $2800-5500 for 24 hour call. Hourly rate $350-500 for call back.
8. Pediatric
   Weekday: $2500-4000/ 8 hours, $250-450 beeper fee, $250-450 call back rate
   Weekend: $2500-4000/2 hours, $250-450 call back rate

All overtime will be calculated at 1.5 times the regular hourly rate

ATTACHMENT J – COST PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations. ***Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.***

Barton Associates, Inc.
Company Name

Emily E Wood
Signature

Emily Wood
Print Name

June 24, 2013
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
1			Quoted rates do not include travel or lodging expenses. Quoted rates do include malpractice insurance.

This document must be submitted in Tab III of vendor's cost proposal.
This form MUST NOT be included in the technical proposal.