## Summary of Vendor Prices

Effective January 1, 2016 (See individual vendor pricing for more details.)
Claims Administration Services - CorVel

| Claim Type | Cost Including <br> Recorded <br> Statement | Cost Excluding <br> Recorded <br> Statement |
| :--- | :--- | :--- |
| 1. Report Only <br> Criteria: <br> a. First Aid <br> b. No medical treatment by physician required <br> c. Not reported to Industrial Commission - Maintain OSHA 300 <br> Log w/in System | None | None |
| 2. Medical <br> Criteria: <br> a. Medical expenses up to \$2,000.00 <br> b. Less than seven (7) days lost time | $\mathbf{\$ 1 7 0 . 0 0 ^ { * }}$ | $\mathbf{\$ 1 7 0 . 0 0}$ |
| 3. Complex Medical <br> Criteria: <br> a. Claims Involving subrogation <br> b. Claims with medical expenses exceeding \$2,000.00 | $\mathbf{\$ 3 8 0 . 0 0 ^ { * }}$ | $\mathbf{\$ 3 8 0 . 0 0}$ |
| 4. Denied <br> Criteria: <br> a. Compensability denied | $\mathbf{\$ 3 8 0 . 0 0 ^ { * }}$ | $\mathbf{\$ 3 8 0 . 0 0}$ |
| 5. Indemnity <br> Criteria: <br> a. Claims with more than seven (7) days lost time <br> b. Claims wherein employee receives salary continuation benefits <br> c. Claims with PPD, disfigurement, and/or settlement <br> d. Claims involving litigation | $\mathbf{\$ 9 7 5 . 0 0 ^ { * }}$ | $\mathbf{\$ 9 7 5 . 0 0}$ |
| 6. First Notice of Injury <br> Fee for initial claim review, not applicable to Report Only filings | $\mathbf{\$ 1 0 . 0 0}$ | $\mathbf{\$ 1 0 . 0 0}$ |

*No additional administrative fee for recorded statement.

## Medical/Bill Review - CorVel

Medical Bill Review: CorCare: Care IQ:
Out of Network:
Preauthorization:
Utilization Review:
$\$ 6.50$ flat rate per bill reviewed $+22 \%$ of CorVel PPO/PR network savings No bill review fee, no additional network fees
$\$ 6.50$ flat rate per bill reviewed $+22 \%$ of professional review savings
$\$ 110.00$ per case
$\$ 110.00$ per case

## Pharmacy - CorVel

Price Paid for Drug + Bill Review Fee + Flat Rate Per Bill + Dispensing Fee
Price Paid for Drug: Brand: 88\% of Average Wholesale Price (AWP)
Generic: $60 \%$ of Average Wholesale Price (AWP)
Bill Review Fee: Retail cost of drug - Price paid = Savings; Savings $\times 22 \%=$ Bill Review Fee
Flat Rate: \$6.50 Per Bill
Dispensing Fee: \$2.50 per individual prescription
Medication Review: \$200.00 per hour

## Nurse Case Management \& Vocational Rehabilitation

Agency selects an approved vendor for each claim

Carolina Case Management, CorVel, or Southern Rehabilitation

| Hourly Fee | Carolina Case <br> Management | CorVel | Southern <br> Rehabilitation |
| :--- | :--- | :--- | :--- |
| Medical case management | $\$ 86.00$ | $\$ 84.00$ | $\$ 86.00$ |
| Vocational rehabilitation | $\$ 86.00$ | $\$ 84.00$ | $\$ 86.00$ |
| Telephonic case management | $\$ 86.00$ | $\$ 84.00$ | $\$ 86.00$ |
| Limited Assignment case management | $\$ 86.00$ | $\$ 84.00$ | $\$ 86.00$ |
| Travel time | $\$ 43.00$ | $\$ 84.00$ | $\$ 43.00$ |
| Wait time | $\$ 43.00$ | $\$ 84.00$ | $\$ 43.00$ |
| Mileage Fee per mile | IRS Mileage Rate | IRS Mileage Rate | $\$ 0.595$ |

## Surveillance Services

Agency selects an approved vendor for each claim
Advantage Surveillance, DJG Investigative Services, or G4S

| Category | Advantage Surveillance | DJG Investigative Services | G4S |
| :---: | :---: | :---: | :---: |
| Onsite surveillance | \$65.00 per hour | \$62.52 per hour | \$58.00 per hour |
| Cyber investigations | \$65.00 per hour | $\$ 62.52$ per hour $\$ 300.00$ (comprehensive background \& presurveillance); \$250.00 (social media only) \& miscellaneous fees | \$175.00 Flat Rate \& other miscellaneous fees |
| Pre-surveillance Database In-State | None | None | \$35.00 |
| Full day (8 hours) | \$520.00 | \$500.00 | \$464.00 |
| Half day (4 hours) | \$260.00 | \$250.00 | \$240.00 |
| Travel time | \$65.00 | None | $\$ 58.00$ (0-2 hours) $\$ 30.00$ (2-5 hours) |
| Mileage Fee per mile | $\$ 0.56$ or current gov't rate | None | None |

## Transportation Pricing

## TRANSPORTATION

| AMBULATORY |  |
| :---: | :---: |
| PER MILE | R/T MIN MILE |
| $\$ 2.72$ | 30 |


| WHEELCHAIR |  |  |
| :---: | :---: | :---: |
| PER MILE | R/T MIN MILE | LOAD <br> FEE |
| $\$ 4.60$ | 30 | $\$ 75.00$ |


| WAIT TIME: |
| :--- |
| AMBULATORY: $\$ 35.00$ |
| WHEELCHAIR: $\$ 65.00$ |

NO SHOW FEES:
AMBULATORY: \$50.00 UP TO 20 MILES. $\$ 1.00$ PER MILE THERE AFTER
Wheelchair: one way fee charge

## RUSH FEES:

AMBULATORY: $\$ 40.00$ LESS THAN 4 HOURS NOTICE FROM PICK UP TIME WHEELCHAIR: $\$ 40.00$ LESS THAN 8 HOURS NOTICE FROM PICK UP TIME

WEEKEND/AFTER HOURS FEE: $\$ 30.00$

WHEELCHAIR RENTAL FEE: $\$ 40.00$

## Additional Possible Charges for all Translation Services

| On-site rush fee |  | $\$ 25.00$ |
| :--- | ---: | ---: |
| Weekend fee | $\$ 25.00$ |  |
| On-site no show Florida | $\$ 90.00$ |  |
| Onsite no show other <br> states |  | $\$ 115.00$ |


| Translation | SPANISH | ALL OTHER <br> LANG. |
| :--- | ---: | ---: |
| SPANISH | $\$ 73.50$ | $\$ 102.90$ |
| MIN HR | 2 | 2 |
| TRAVEL | $\$ 26.25$ | $\$ 26.25$ |
| MIN TRAVEL TIME | 1 HR | 1 HR |
| $\$ /$ MI | $\$ 0.43$ | $\$ 0.43$ |
| MIN MILES | 80 | 80 |


| Telephonic Interpreting | SPANISH | ALL OTHER |
| :--- | :---: | :---: |
| LANG. |  |  |$|$| CONFERENCE CALLS | $\$ 2.21 / \mathrm{min}$ |
| :--- | ---: |

## Transcription

| SERVICE | PER WORD | RUSH FEE | MINIMUM FEE |
| ---: | ---: | ---: | ---: |
| DOCUMENTS | $\$ 0.29$ | $\$ 0.5 /$ WORD | $\$ 63.00$ |

