

CJG



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICE OF THE COMMISSIONER
P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5603 FAX: 888-908-6609
TDD ACCESS: 1-800-735-2964
www.corrections.nh.gov

JOHN V. SCIPPA
INTERIM COMMISSIONER

79

June 3, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the NH Department of Corrections (NHDOC) to enter into a two-year contract with Symphony Diagnostic Services No 1. LLC., d/b/a TridentCare, (VC #200975), P.O. Box 17462, Baltimore, MD 21297-0518, in the amount of \$561,432.00, for the provision of On-Site X-Ray, ECG & Ultrasound Services for the Southern NH Correctional Facilities, with the option to renew for one (1) additional period of up to two (2) year(s), effective upon Governor and Executive Council (G&C) approval for the period beginning July 1, 2025 through June 30, 2027. 100% General Funds.

Funds are anticipated to be available upon the continued appropriation of funds in the future operating budgets with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified.

Funding is anticipated to be available in the account as follows: Medical/Dental: 02-46-46-465010-82340000-500729.

Symphony Diagnostic Services No. 1 LLC., dba TridentCare				
Account	Description	FY 2026	FY 2027	Total
02-46-46-465010-82340000-101-500729	Contracts for Program Services	\$280,716.00	\$280,716.00	\$561,432.00

EXPLANATION

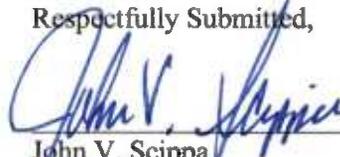
This Contract is for the provision of On-Site X-Ray, ECG and Ultrasound services for the inmates at the Southern NH Correctional Facilities to include NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), Residential Treatment Unit (RTU), NH Correctional Facility for Women (NHCF-W) and the NH Department of Corrections Transitional Housing Units.

An RFP was posted on the NHDOC website: <https://www.corrections.nh.gov/resources/bids-contracts> and the Department of Administrative Services website: <https://apps.das.nh.gov/bidscontracts/bids.aspx> for two (2) consecutive weeks and notified 17 potential vendors of the RFP solicitation. As a result of the issuance of the RFP, one (1) potential vendor, Symphony Diagnostic Services No. 1, LLC. d/b/a TridentCare responded by submitting a proposal. In accordance to the terms and conditions of the RFP,

the NHDOC selected TridentCare, in the amount of \$561,432.00, over two years, to be awarded the contract.

This RFP was scored utilizing a consensus methodology by a two (2) person evaluation committee. The evaluation committee consisted of NH Department of Corrections employees: Mary Reed, Deputy Director, NHDOC Division of Medical and Forensic Services and Kaledonia DuBrey, Operations Administrator, NHDOC Division of Medical and Forensic Services.

Respectfully Submitted,



John V. Scippa
Interim Commissioner

2025-20 RFP Bidders List
On-Site X-Ray, Electro Cardiology (ECG), and Portable Ultrasound Services

Androscoggin Valley Hospital

Brian O'Hearn
Chief of Nursing and VP of Patient Care
59 Page Road
Berlin, NH 03570
(p) 603-326.5611
(e) brian.O'hearn@northcountryhealth.org
(w) www.avhnh.org

HCA Healthcare (Formerly: Catholic Medical Center)

Pamela Martel, Director of Managed Care Contracting
195 McGregor Street
Manchester, NH 03102
(p) 603-663 7972
(p) 603.514.1185
(e) Pamela.Martel@hcahealthcare.com

Dartmouth Hitchcock Medical Center

David Pastel
Interim Dept Chair Radiology/Diagnostic Radiology
David.A.Pastel@hitchcock.org
One Medical Center Drive
Lebanon, NH 03756
603.650.2827

Elliot Hospital

Joseph Curti, COO
One Elliot Way
Manchester, NH 03103
(p) 603-669-5300
(p) 603-663-6181
(e) jcurti@elliott-hs.org
(w) www.elliotohospital.org

Express Mobile Diagnostic Services, LLC

Jamie Bostard, CEO
2030 Ader Road
Jeannette, PA 15644
(p) 724-327-3557
(f) 724-327-0366
(e) dgodkin@exmds.com
(w) www.expressmobilediagnostic.com

Lackawanna Mobile X-ray, Inc.

Paul Woelkers
1229 Monroe Ave
Dunmore, PA 18509
(p) 570-346-5115
(e) Paul.woelkers@lmxr.com

Naphcare, Inc.

Katie Boyd, MPA, MSCJ
Business Development Analyst

2090 Columbiana Road
Suite 4000

Birmingham, AL 35216

(p) 205-406-2219

(e) katie.boyd@naphcare.com

(e) byron.harrison@naphcare.com

(w) www.techcareehr.com

National Mobile X-Ray

David Pohl

National Business Development Manager (p) 215-990-9870

(e) dauidpohl@nationalmobilexr.com

(w) www.nationalmobilexray.com

TridentCare

Lisa Kerr, VP Sales:

Lisa.Kerr@tridentcare.com

115 Gibraltar Road

Horsham, PA 19044

732-569-2217

Onsite Medical Imaging

Joseph Luz, VP

jluz@onsitemedimaging.com

57 Providence Highway

Suite 201

Norwood, MA 02062

(617) 244-XRAY (9729)

www.onsitemedimaging.com

Mobile Xray Diagnostics, LLC

Contact: Joel Kirchick

Telephone: (774) 213-9729

Email: joel@mxdxray.com

Primary Service: Radiology/Portable X-Ray/EKG/Ultrasound

nguyen@maseniorcare.org

Mobile Xray Diagnostics, LLC | Mass Senior Care (maseniorcare.org)

Express Mobile Diagnostic Services, LLC

2030 Ader Road

Penn Township, PA 15644

(877) 602-2847

Expressmobilediagnostic.com

clomicka@exmeds.com

Memorial Hospital

Kendra Griffin

Kendra.Griffin@mainehealth.org

3073 White Mountain Highway
North Conway, NH 03860
Phone: 603-356-5461 ext: 2198

Cottage Hospital

Nathalie Kenett, CEO
nkenett@cottagehospital.org
PO Box 2001
Swiftwater Road
Woodsville, NH 03785
Phone: (603) 747-9297
www.cottagehospital.org

Huggins Hospital

Andrew Krivitsky
Director of Medical Imaging
240 South Main Street
Wolfeboro, NH 03894
603.569.7515
Hugginshospital.org
askhuggins@hugginshospital.org

Littleton Regional Hospital

Robert Nutter, CEO
Rnutter@lrhcares.org
600 St. Johnsbury Road
Littleton, NH 03561
603.444.9588
<https://littletonhealthcare.org/>

Concord Hospital

Roy Roberts, Practice Manager
rroberts@crhc.org
Carole Domin
cadomin@crhc.org
603-225-2711 ext. 85626
250 Pleasant Street
Concord, NH 03301
www.concordhospital.org



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**Lisa M. Stone
Director**

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**RFP Scoring Matrix
On-Site X-Ray, Electrocardiography (ECG) and Portable Ultrasound Services, Medical and Forensic Services
NHDOC 2025-20**

Respondents Name & Address:

- *Symphony Diagnostic Services No 1 d/b/a TridentCare
930 Ridgebrook Road
Sparks, MD 21152*
- *N/A*

Scoring Matrix Criteria:

- Proposals were evaluated based on the proven ability of the respondents to satisfy the provisions set forth in the Scope of Services in the most technical and cost-effective manner.
 1. Technical Proposal – 55 points
 2. Cost Proposal – 45 points

NHDOC 2025-08 RFP Scoring Matrix			
<i>Evaluation Criteria</i>	<i>RFP Weight Point Value</i>	<i>Symphony Diag. No1 d/b/a TridentCare</i>	<i>N/A</i>
<i>Technical Proposal</i>			
<i>Executive Summary</i>	15	12.75	
<i>Organizational Capability</i>	20	15.75	
<i>Organizational Approach</i>	20	17	
<i>Cost Proposal</i>	45	45	
Total	100	90.5	

Contract Award:

Symphony Diagnostic Services No 1 d/b/a TridentCare

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**RFP Bidder's Evaluation Scoring
On-Site X-Ray, ECG & Portable Ultrasound Services
NHDOC RFP 2025-20**

Rank	Vendor Name	Address	Score
1.	Symphony Diagnostic Services No 1 d/b/a TridentCare	930 Ridgebrook Road, Sparks, MD 21152	90.5
2.			
3.			
4.			
5.			

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RFP Bid Evaluation and Summary
On-Site X-Ray, ECG & Portable Ultrasound Services
NHDOC 2025-20

Proposal Receipt and Review:

- Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the RFP to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.
- The Department will select personnel to act as an evaluation team. Proposals will not be publicly opened. Upon receipt, the proposal information will be disclosed to the evaluation committee members only.
- The Department uses a consensus scoring methodology to evaluate submitted Proposals. The Department reserves the right to waive any irregularities, minor deficiencies, and informalities that it considers not material to the proposal.
- The RFP does not commit the Department to award a contract. The Department reserves the right to reject any and all proposals; to cancel the RFP; and to solicit new proposals under a new acquisition process.

Proposal Evaluation Criteria:

- Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the evaluation criteria. Specific criteria are:
 - a. Evaluation Scoring – **Symphony Diagnostic Services No. 1 d/b/a TridentCare**
 - i. Technical Proposal – 45.5 points
 - ii. Cost Proposal – 45 points
- Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors in NHDOC 2025-08.
 - a. Contract(s) may be awarded to a Bidder submitting a response that demonstrates the required capabilities and approach as identified in the RFP and does not reduce the current functions of the Department.

Evaluation Team Members:

- a. Kaledonia Dubrey, Administrator, Medical and Forensic Services
- b. Samantha Goulet, Health Information Supervisor, Medical and Forensic Services

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Vendors Responded
On-Site X-Ray, Electrocardiography (ECG) and Portable Ultrasound Services
NHDOC 2025-20

Respondents:

1. **Symphony Diagnostic Services No 1 d/b/a TridentCare**
930 Ridgebrook Road
Sparks, MD 21152
2. **N/A**



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DIRECTOR

Bio

On-Site X-Ray, ECG and Portable Ultrasound Services

NHDOC 2025-20

Mary Reed, Deputy Director, Medical & Forensic Services Division

Ms. Mary Reed is the Deputy Director of Medical Services for the NH Department of Corrections. Ms. Reed's role includes oversight of allied health services, health information management, dental services, and operations. She is an experienced Public Health Leader with over 20 years of dedicated service in the field. She has a strong track record of managing public health initiatives, with a particular focus on health systems management and crisis response. Throughout her career, she has played a pivotal role in shaping healthcare delivery strategies at both regional and state levels.

Kaledonia DuBrey, BA, Operations Administrator, Medical and Forensic Services

Kaledonia DuBrey is the Operations Administrator for the Division of Medical & Forensic Services of the NH Department of Corrections. In this capacity, she serves as the liaison between the division and the different contracts the division oversees as well as the Division of Administration for the NH Department of Corrections. She is also the point of contact for several vendors that provide services in the medical area for the NH Department of Corrections. In her role, she works hand in hand with the Department's Contract Administrator in the process of drafting and creating RFPs for different contracts. Ms. DuBrey has been in International Relations from the University of Mobile with a minor in Business Administration and is bilingual in both English and Spanish.



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NON-DISCLOSURE AGREEMENT FOR CONFIDENTIAL INFORMATION

RFP NHDOC 2025-20 On-Site X-Ray, ECG and Ultrasound Services

Pursuant to RSA 21-I: 13-a, II: "No information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process."

By signing this agreement on this date:

- I agree to comply with RSA 21-I:13-a, II.
- I understand that I may be granted access to proprietary or otherwise confidential information, which I will use to evaluate a proposal and or contract from a vendor to provide On-Site X-Ray, ECG and Ultrasound Services to the State.
- I agree to maintain confidentiality of this information and not discuss any of it with any unauthorized person(s) or with a person who has not signed an identical non-disclosure agreement for RFP NHDOC NHDOC 2025-20 and the resulting contract for On-Site X-Ray, ECG and Ultrasound Services to the State.
- I understand that, if I disclose any confidential information in violation of this agreement, I may be subject to criminal prosecution and/or civil action by any vendor affected by the disclosure. I also understand that, if I disclose any confidential information in violation of this agreement, I may be subject to disciplinary action under the Division of Personnel Rules, Chapter Per 1000 and/or be subject to action for being in violation of section 19.8(d) of the Collective Bargaining Agreement.

Signed: _____

K. Stone

Date: _____

05/30/2025

Name: Kaledonia DuBrey

Agency: New Hampshire Department of Corrections, Division of Medical and Forensics



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NON-DISCLOSURE AGREEMENT FOR CONFIDENTIAL INFORMATION

RFP NHDOC 2025-20 On-Site X-Ray, ECG and Ultrasound Services

Pursuant to RSA 21-I:13-a, II: "No information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process."

By signing this agreement on this date:

1. I agree to comply with RSA 21-I:13-a, II.
2. I understand that I may be granted access to proprietary or otherwise confidential information, which I will use to evaluate a proposal and or contract from a vendor to provide On-Site X-Ray, ECG and Ultrasound Services to the State.
3. I agree to maintain confidentiality of this information and not discuss any of it with any unauthorized person(s) or with a person who has not signed an identical non-disclosure agreement for RFP NHDOC NHDOC 2025-20 and the resulting contract for On-Site X-Ray, ECG and Ultrasound Services to the State.
4. I understand that if I disclose any confidential information in violation of this agreement, I may be subject to criminal prosecution and/or civil action by any vendor affected by the disclosure. I also understand that, if I disclose any confidential information in violation of this agreement, I may be subject to disciplinary action under the Division of Personnel Rules, Chapter Per 1000 and/or be subject to action for being in violation of section 19.8(d) of the Collective Bargaining Agreement.

Signed: Mary Reed

Date: 1/21/25

Name: Mary Reed

Agency: New Hampshire Department of Corrections, Division of Medical and Forensics

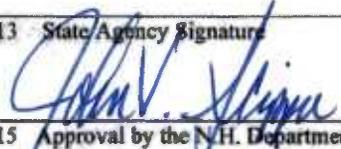
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree follows:

GENERAL PROVISIONS

I. IDENTIFICATION.

1.1 State Agency Name NH Department of Corrections		1.2 State Agency Address 64 South Street, Concord, NH 03301 P.O. Box 1806, Concord, NH 03302	
1.3 Contractor Name Symphony Diagnostic Services No 1 LLC d/b/a TridentCare		1.4 Contractor Address 930 Ridgebrook Road Sparks, MD 21152	
1.5 Contractor Phone # 732.569.2217	1.6 Account Number 02-46-46-465010-82340000- 101-500729	1.7 Completion Date June 30, 2027	1.8 Price Limitation \$561,432.00
1.9 Contracting Officer for State Agency Mary Reed Deputy Director of Medical and Forensics		1.10 State Agency Telephone Number 603-271-5563	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Lisa Kerr, Vice President Sales Operations	
1.13 State Agency Signature 		1.14 Name and Title of State Agency Signatory John V. Scippa, Interim Commissioner Helen E. Hanks, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 6/3/2025			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the

Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms, and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take anyone, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed; and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION:** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

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14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified-mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or

discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration; but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. CONFLICTING TERMS.

In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. THIRD PARTIES.

This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. HEADINGS.

The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

23. SPECIAL PROVISIONS.

Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

24. FURTHER ASSURANCES.

The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. SEVERABILITY.

In the event any of the provisions of this Agreement is held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

26. ENTIRE AGREEMENT.

This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original; constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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*State of NH, Department of Corrections
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Contract NHDOC 2025-17*

EXHIBIT A - SPECIAL PROVISIONS

1. Confidential Information includes any and all information owned or managed by the State of NH - created, received from or on behalf of any Agency of the State or accessed in the course of performing contracted Services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes but is not limited to Protected Health Information (PHI), Personally Identifiable Information (PII), Personal Financial Information (PFI), Social Security Numbers (SSN), Family Educational Rights and Privacy Act (FERPA), and or other sensitive and Confidential Information. Contractor shall not use the Confidential Information developed or obtained during the performance of, or acquired, or developed by reason of the Agreement, except as directly connected to and necessary for the performance of the Agreement. Contractor shall maintain the confidentiality of and protect from unauthorized use, disclosure, publication, and reproduction (collectively "release"), all Confidential Information.

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On-Site X-Ray, ECG and Portable Ultrasound Services
Contract NHDOC 2025-20*

EXHIBIT B - SCOPE OF SERVICES

1. Purpose

Contractor shall provide On-Site X-Ray, Electrocardiography (ECG) and Portable Ultrasound Services for NH Department of Corrections (herein known as "NHDOC," "State," or "Department") for the inmate population of NHDOC, Northern and Southern NH Correctional Facilities at the following service locations identified below.

2. Term of Agreement

An Agreement awarded, as a result of RFP NHDOC 2025-20, is expected to be effective upon Governor and Executive Council (G&C) approval for a period beginning July 1, 2025 through June 30, 2027. NHDOC shall have the option to extend the term of this Agreement for services for one (1) additional term not to exceed two (2) years, subject to the Parties' prior written agreement on terms and applicable terms, conditions and payment structure for the additional term, satisfactory Contractor performance, continued funding and Governor and Executive Council approval.

2. Population Served:

3.1. Facilities receiving services:

Northern Region – Northern NH Correctional Facility		
Northern NH Correctional Facility (NNHCF)	138 East Milan Road	Berlin, NH 03570 Excluding from Bid
Southern Region – Southern NH Correctional Facilities		
NH State Prison for Men – (NHSP-M)		Concord, NH 03301
Secure Psychiatric Unit (SPU)* Residential Treatment Unit (RTU)	281 North State Street	Concord, NH 03301
NH Correctional Facility for Women (NHCF-W)	42 Perimeter Road	Concord, NH 03301
NH Department of Corrections Transitional Housing Units		
Concord Transitional Work Center, for Men (CTWC)	275 North State Street	Concord, NH 03301
North End Transitional Housing Unit (NEH/THU)	1 Perimeter Road	Manchester, NH 03104
Shea Farm, Transitional Housing Unit (THU)	60 Iron Works Road	Concord, NH 03301
Calumet House, Transitional Housing Unit (THU)	126 Lowell Street	Manchester, NH 03104

*SPU includes non-adjudicated civil committed inmates in SPU.

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- 3.2. Service Locations:
Services shall be performed at the following NHDOC location.

Northern Region – Northern NH Correctional Facility		
Northern NH Correctional Facility (NNHCF)	138 East Milan Road	Berlin, NH 03570 Excluding from Bid
Southern Region – Southern NH Correctional Facilities		
NH State Prison for Men (NHSP-M)	281 North State Street	Concord, NH 03301
Secure Psychiatric Unit (SPU)* Residential Treatment Unit (RTU)		Concord, NH 03301
NH Correctional Facility for Women (NHCF-W)	42 Perimeter Road	Concord, NH 03301

- 3.3. Locations may be added and/or deleted after the awarding of a contract at the discretion of NHDOC and upon mutual agreement of the Commissioner of NHDOC and Contractor.
- 3.4. In the event that NHDOC wishes to add or remove facilities at which Contractor is to provide services, it shall:
- 3.4.1. Give Contractor fourteen (14) days written notice of the proposed change;
 - 3.4.2. Secure the Contractor's written agreement to the proposed changes; and
 - 3.4.3. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement.

4. Current Inmate Population as of 3/31/2025:

Northern NH Department of Corrections Current Population.. Excluding from Bid		
Northern NH Correctional Facility (NNHCF)	Berlin, NH 03570	549
Southern NH Department of Corrections Current Population		
NH State Prison for Men (NHSP-M)	Concord, NH 03301	1065
Secure Psychiatric Unit (SPU)* Residential Treatment Unit (RTU)	Concord, NH 03301	70
NH Correctional Facility for Women (NHCF-W)	Concord, NH 03301	113
Division of Rehabilitative Services (DRS)	Concord/Manchester NH	166
Current Inmate Population:		1963

*SPU includes non-adjudicated civil committed inmates in SPU.

5. Description of On-site X-Ray, ECG and Portable Ultrasound Services

Contractor shall provide all equipment and services to complete full On-Site X-Ray, ECG and Portable Ultrasound Services to include the following, as needed:

- 5.1. Services to include On-Site X-Ray services, On-Site ECG (technical component) and the interpretation of the On-Site X-Ray and On-Site ECG (professional component) and Portable Ultrasounds.
- 5.2. All On-Site X-Rays to be interpreted by Board Certified Radiologists. All On-Site ECG are to be interpreted by Board Certified Cardiologists;
- 5.3. Routine Radiology Quality Improvement Measures (QIM) reporting agreed upon by both parties.

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- 5.4. Contractor shall provide a monthly report of the number and cost of each type of On-Site X-Ray, On-Site ECG and Portable Ultrasound Service performed including a year-to-date cumulative report in Excel format;
- 5.5. ECG to be performed by computerized electrocardiogram equipment that provides an immediate computer-interpreted report on site and is submitted for cardiologist review;
- 5.6. Contractor shall provide routine and timely on-site services. Scheduling of services will be based on need;
- 5.7. Contractor shall provide urgent on-call services. This shall include off hours (anytime outside of the pre-arranged schedule and during the Contractor's operational hours) as well as Saturdays, Sundays and holidays. The response time would be no more than three (3) hours after the request is made;
- 5.8. Results of the cardiologist review will be faxed within twenty-four (24) hours after the ECG is performed;
- 5.9. Faxed report from the radiologist within two (2) hours after the alerted/STAT service is performed. Any alerted/STAT test result have a follow up phone call to the corresponding facilities' nursing station. Telephone numbers will be provided to the Contractor after the award of a contract;
- 5.10. Routine X-Ray and Ultrasound results must be reported within twenty-four (24) hours of the test performed. Any abnormal findings must have a follow up phone call to the corresponding facilities nursing station. Telephone numbers shall be provided to Contractor after the contract is awarded;
- 5.11. All Medical Imaging/Radiation Therapy professionals (MIRT) performing radiology procedures will be American Registry of Radiologic Technologists (RT) registered;
- 5.12. MIRT professionals shall be licensed according to New Hampshire State laws and regulations;
- 5.13. Provide only those RT who maintain valid State of NH professional licenses, certifications and/or qualifications required by law for the performance of the services required. Certification for RT are regulated by boards of the NH Office of Professional Licensure and Certification (OPLC): <https://www.oplc.nh.gov/professional-licensing> through Administrative Rules (Adm) identified as a separate link: <https://gc.nh.gov/rsa/html/NHTOC/NHTOC-XXX-328-J.htm>;
- 5.14. Radiographic images are acquired using digital technology such as Computed Radiography or Direct Radiography;
- 5.15. A mounted chest stand, either wall or free standing, will be provided by the Contractor as necessary;
- 5.16. Written report, "8½ x 11" format, of Radiologist and Cardiologist reviews will be faxed to the receiving facility within twenty-four (24) hours of the services performed. Contractor shall provide NHDOC Health Information Management staff access to their portal for reviewing of test results.

6. Performance Measures: Quality Improvement Measures (QIM)

Performance Measures: QIM that focus on access, timeliness, accuracy and safety:

- 6.1. Compliance with timely on-site service, adhering to a schedule set by the facility nurse coordinator at the beginning of the contract.
- 6.2. If STAT services are provided as part of this contract, compliance with on-site service within three (3) hours of STAT request;
- 6.3. Compliance with off-hours, (any time outside of pre-arranged scheduled and during Contractor's operational hours) weekend and holidays on-call service within three (3) hours of request;
- 6.4. Compliance with cardiology read on all ECG within twenty-four (24) hours from the time service is performed;
- 6.5. Compliance with verbal radiologist read within two (2) hours from the time alerted/STAT service is performed;
- 6.6. Compliance with final written report within twenty-four (24) hours of the time service is performed;
- 6.7. Provide integrations (at the prospective Contractor's expense) that shall interface with NHDOC Electronic Healthcare Record (EHR);

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- 6.8. Quarterly QIM reports involving missed and inaccurate reads, errors, sentinel events shall be generated to include corrective action plan; and
- 6.9. QIM will be identified by NHDOC, Division of Medical and Forensic Services Operations Administrator for Contractor in order to monitor the contract.

7. Outline of Minimum Required Services

- 7.1. Qualified Medical Imaging/Radiation Therapy Professionals/Personnel: The Contractor shall have in their employment a sufficient number of qualified technologists/personnel to conduct the required scope of service.
- 7.2. Rules and Regulations: Contractor agrees to comply with all Policy, Procedure and Directives of NHDOC. Contractor shall adhere to the Department's Administrative Rules, regulations and policies and procedures; Conduct and Confidentiality of Information policies. Certain specialized training may be required including but not limited to PREA (Prison Rape Elimination Act) training.
- 7.3. Additional Facilities: Upon agreement of both parties, additional facilities belonging or associated to NHDOC may be added to the contract:
- 7.3.1. Locations/volumes of need, per contract year, may be increased/decreased and/or reassigned to alternate NHDOC's facilities during a contract term at the discretion of NHDOC.
- 7.3.2. Locations/volumes of need may be added and/or decreased after the awarding of a contract at the discretion of NHDOC and upon mutual agreement of the Commissioner of NHDOC and Contractor.
- 7.4. Vendor Sign-In Sheet: Contractor staff shall be expected to show company identification, and sign-in and out of the corresponding facility receiving services. At a minimum, Contractor staff shall provide their company name, personal first and last name, time-in and time-out, date of service and may be required to provide vehicle make, model and license plate number.

8. General Service Provisions

- 8.1. Licenses, Credentials and Certificates: Contractor shall ensure NH State licensed professionals provide the services required. Contractor and its staff shall possess the credentials, licenses and/or certificates required by law and regulations to provide such services.
- 8.2. Contractor Tools and Equipment: Contractor shall furnish the required tools and equipment inclusive of computer hardware necessary to provide the requested services of the contract. Any tools, containers and vehicles Contractor needs to provide the required services must be inventoried before entering and leaving the facility and are subject to search by NHDOC security staff at any and all times while on NHDOC facility grounds.
- 8.3. Admittance: NHDOC may, at its sole discretion, remove from or refuse admittance to any NHDOC facility any person providing services under this Agreement without incurring penalty or cost for exercising this right. Contractor shall be responsible for assuring that the services that the person(s) so removed or denied access are delivered.
- 8.4. Official State of NH Holidays: The following link: [State of NH Official Holidays](#) is for reference only with the understanding that Holidays do not fall on the same day per calendar year.
- 8.5. Federal Holidays: Services scheduled on a Federal Holiday shall not be charged a premium rate and shall be charged at the regular rate.
- 8.6. State Holidays: If a same day service schedule is interrupted, by an official State of NH designated Holiday, then the service shall be assimilated into the business day before or next business day after the interruption for that week at no extra cost to the State.
- 8.7. NHDOC contact: The Director of Medical & Forensic Services, or designee, shall contact Contractor when services are needed.

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8.8. Only personal property that is required for activities of daily living and contained in a clear plastic backpack/bag shall be permitted into the secure perimeter of all departmental facilities. Permitted personal items to include but are not limited to:

- Toothbrush/toothpaste/dental floss;
- Hand sanitizer/hand soap;
- Comb/brush;
- Feminine products;
- Coffee cup/thermos;
- Small/medium lunch box made of plastic (no larger than 30 quart);
- Plastic eating utensils;
- Pens/Pencils;
- Purse/wallet (not more than \$100.00 in cash)/sunglasses; and
- Prescribed and over the counter medications (not more than a one (1) day supply in a properly labeled prescription bottle/container, obtained from a pharmacy).

9. Other Agreement Provisions

9.1. Administrative Rules, Policies, Regulations and Policy and Procedures Directives

Contractor shall comply with any applicable NH Department of Corrections Administrative Rules, Policies, Regulations and Policy and Procedure Directives (PPD's) to include but not limited to PPD 371 (formerly 5.08): *Staff Personal Property Permitted in and Restricted from Prison Facilities*. Additional information can be located as a separate link: <https://www.corrections.nh.gov/resources/bids-contracts/rfp-resources>.

9.2. Protected Health Information (PHI)

Contractor shall safeguard any and all PHI according to the terms of the Health Information Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments:

In performing its obligations under this Agreement, Contractor may gain access to information of the inmates, including confidential information or PHI. Contractor shall not use information developed, or obtained during the performance of, or acquired or developed by reason of this Agreement, except as is directly connected to and necessary for Contractor's performance under this Agreement.

Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, or reproduction any and all information of the inmate that becomes available to Contractor in connection with its performance under this Agreement. In the event of unauthorized use of or disclosure of the inmate's information, Contractor shall immediately notify NHDOC.

All financial, statistical, personnel and/or technical data supplied by NHDOC to Contractor are confidential. Contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by Contractor, or any individual or entity in Contractor's charge or employ, will be considered a violation of this agreement and may result in termination. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution.

9.3. Health Insurance Portability and Accountability Act (HIPAA)

Contractor agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean Contractor and sub-contractor(s) and agents of Contractor that receive, use or have access to

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protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services. Additional information can be located as a separate link: <https://www.corrections.nh.gov/resources/bids-contracts/rfp-resources>.

9.4. Prison Rape Elimination Act (PREA) of 2003 and Acknowledgement of PREA Act Education/Information

Contractor shall comply with the Prison Rape Elimination Act (PREA) of 2003 (Federal Law 42 U.S.C.15601 et. seq.), with all applicable Federal PREA standards, and with all State policies and standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within facilities/programs/offices owned, operated, or contracted. Contractor acknowledges that, in addition to self-monitoring requirements, the State will conduct compliance monitoring of PREA standards, which may require an outside independent audit. Additional information can be located as a separate link: <https://www.corrections.nh.gov/resources/bids-contracts/rfp-resources>.

9.5. Criminal Justice Information Services (CJIS) Security Policy

The essential premise of the CJIS Security Policy is to provide appropriate controls to protect the full lifecycle of CJIS, whether at rest or in transit. The CJIS Security Policy provides guidance for the creation, viewing, modification, transmission, dissemination, storage and destruction of CJIS. This Policy applies to every individual contractor, private entity, noncriminal justice agency representative, or member of a criminal justice entity with access to, or who operate in support of, criminal justice services and information. Contractor shall comply with the CJIS policy and is located as a separate link: <https://www.corrections.nh.gov/resources/bids-contracts/rfp-resources>.

9.6. Contractor Employee Information/Background Checks

9.6.1. Contractor shall be responsible for obtaining a criminal background check from NHD0C to include fingerprinting on all potential employees assigned by the Contractor and/or sub-contractors to provide services to NHD0C. Upon award of a contract, the NHD0C Director of Medical and Forensics, or designee, shall notify the selected Contractor the procedures to obtain background checks and fingerprinting. Contractor and/or sub-contractor employee's hiring status shall be contingent upon receipt of a criminal background check and fingerprinting report(s) from the NH Department of Safety to NHD0C and a procedural review of said reports by NHD0C.

9.6.2. NHD0C reserves the right to conduct a procedural review of all criminal background checks of all potential Contractor and/or sub-contractor(s) employees to determine eligibility status.

9.6.3. NHD0C shall notify the Contractor of any potential Contractor and/or sub-contractor employee(s) who does not comply with the criteria identified below.

9.6.4. In addition, Contractor and/or sub-contractor shall not be able to hire employees meeting the following criteria:

- a. Individuals convicted of a felony shall not be permitted to provide services;
- b. Individuals with confirmed outstanding arrest warrants shall not be permitted to provide services;
- c. Individuals with a record of a misdemeanor offense(s) may be permitted to provide services pending determination of the severity of the misdemeanor offense(s) and review of the criminal record history by Commissioner, or designee, of NHD0C;
- d. Individuals with restrictions on out-of-state and/or State of NH professional licenses and or certifications;
- e. Individuals whose professional licenses and/or certification have been revoked and reinstated from other states and/or the State of NH;
- f. Individuals with a history of drug diversion;
- g. Individual staff on the National Offender Database;

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- h. Individuals who were a former State of NH employee and/or former contracted employee that were dismissed for cause or resigned or retired pending results of investigation;
- i. Individuals previously employed with NHD0C without prior approval of NHD0C; and
- j. Relatives, or associates of people currently incarcerated or under Departmental supervision (probation or parole) will not be permitted to provide services without prior approval by NHD0C.
- k. NHD0C reserves the right to conduct further review of any candidate and decline clearance.

10. Change of Ownership.

In the event that Contractor should change ownership for any reason whatsoever, NHD0C shall have the option of continuing under this Agreement with Contractor or its successors or assigns for the full remaining term of this Agreement; continuing under this Agreement with Contractor or its successors or assigns for such period of time as determined necessary by NHD0C, or terminating this Agreement.

11. Contractor Designated Liaison

- 11.1. Contractor shall designate a representative to act as a liaison between Contractor and NHD0C throughout the term of this Agreement and any extensions thereof.
- 11.2. Any written notice to Contractor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by Contractor under this paragraph.
- 11.3. Contractor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of NHD0C actually receives notice of this change.
 - 11.3.1. Changes to the named Liaison by Contractor must be made in writing and forwarded to NH Department of Corrections, Contracting Officer for State Agency or designee, PO Box 1806, Concord NH 03302.

12. Contractor Liaison's Responsibilities

Contractor's designated liaison shall be responsible for:

- 12.1. Representing Contractor on all matters pertaining to this agreement and any extensions thereof. Such a representative shall be authorized and empowered to represent Contractor regarding any and all aspects of this Agreement and any extensions thereof.
- 12.2. Monitoring Contractor's compliance with the terms of this Agreement and any extension thereof.
- 12.3. Receiving and responding to all inquiries and requests made by NHD0C in the time frames and format specified by NHD0C in this RFP and in this Agreement and any extensions thereof; and
- 12.4. Meeting with representatives of NHD0C on a periodic or as-needed basis to resolve issues; which may arise.

13. NH Department of Corrections Contract Liaison Responsibilities.

NHD0C Director of Medical and Forensic services, or designee, shall act as liaison between Contractor and NHD0C for the duration of this Agreement and any extensions thereof. NHD0C reserves the right to change its representative, at its sole discretion, during the term of this Agreement and shall provide Contractor with written notice of such change. NHD0C representative shall be responsible for:

- 13.1. Representing NHD0C on all matters pertaining to this Agreement. The representative shall be authorized and empowered to represent NHD0C regarding all aspects of this Agreement, subject to the approval of Governor and Executive Council of the State of New Hampshire.
- 13.2. Monitoring compliance with the terms of this Agreement.

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- 13.3. Responding to all inquiries and requests related to this Agreement made by Contractor, under the terms and in the timeframes specified by this Agreement.
- 13.4. Meeting with Contractor's representative on a periodic or as-needed basis and resolving issues, which arise.
- 13.5. Informing Contractor of any discretionary action taken by NHDOC pursuant to the provision of this Agreement.

14. Reporting Requirements

14.1. Contractor shall provide any and all reports as requested on an as-needed basis according to a schedule and format to be determined by NHDOC. It is the intent of NHDOC to work with Contractor so that Contractor can provide any reporting requirements that meets the Department's needs.

14.2. Reports and/or information requests shall be forwarded to the NH Department of Corrections' NHDOC Director of Medical and Forensic services, or designee, and mailed to P.O. Box 1806, Concord, NH: 03302.

15. Performance Evaluation

NHDOC shall, at its sole discretion monitor and evaluate Contractor's compliance with the terms and conditions of this Agreement throughout the term of this Agreement and any extensions thereof.

15.1. NHDOC, NHDOC Director of Medical and Forensic services, or designee, at a minimum of four times a year shall assess the performance of the service relative to Contractor's compliance with this Agreement as set forth in this Agreement. Examples of performance include but not limited to:

15.2. Request additional reports NHDOC deems necessary for the purposes of monitoring and evaluating the performance of Contractor under this Agreement; and

15.3. Review reports submitted by Contractor. NHDOC shall determine the acceptability of the reports. If they are not deemed acceptable, NHDOC shall notify Contractor and explain the deficiencies and the Parties shall work together to determine a mutually agreeable solution.

16. Performance Measures

NHDOC shall, at its sole discretion:

16.1. Inform Contractor of any dissatisfaction with Contractor's performance and include requirements for corrective action.

16.2. Terminate the Agreement as permitted by law, if NHDOC determines that Contractor:

16.2.1. Does not comply with the terms of the Agreement.

16.2.2. Contractor shall fully coordinate the performance activities of the Agreement with those of NHDOC. As the work of Contractor progresses, advice and information on matters covered by the Agreement shall be made available by Contractor to NHDOC as requested by NHDOC throughout the effective period of the Agreement.

17. Bankruptcy or Insolvency Proceeding Notifications

17.1. Upon filing for any bankruptcy or insolvency proceeding by or against Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, Contractor must notify NHDOC immediately.

17.2. Upon learning of the actions herein identified, NHDOC reserves the right at its sole discretion to either cancel this Agreement in whole or in part or re-affirm this Agreement in whole or in part.

18. Embodiment of the Agreement

In the event of a conflict in language between the documents referenced below, the provisions and requirements set forth and/or referenced in the negotiated document noted in 18.1.1: shall govern.

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NHDOC reserves the right to clarify any contractual relationship in writing with the concurrence of Contractor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or Contractor's Proposal and/or the result of this Agreement.

18.1. Order of Precedence:

- 18.1.1. NH Department of Corrections Agreement NHDOC 2025-20.
- 18.1.2. NH Department of Corrections RFP NHDOC 2025-20.
- 18.1.3. Proposer's Response to RFP NHDOC 2025-20.
- 18.1.4. Negotiated Exceptions to Terms and Conditions to REP NHDOC 2025-20, if applicable.

19. Cancellation of Agreement

NHDOC may cancel this Agreement at any time for breach of contractual obligations by providing Contractor with a written notice of such cancellation. Should NHDOC exercise its right to cancel this Agreement, the cancellation shall become effective on the date specified in the Notice of Cancellation sent to Contractor.

19.1. NHDOC reserves the right to terminate this Agreement without penalty or recourse by giving Contractor a written notice of such termination at least sixty (60) days prior to the effective termination date.

19.2. Either Party reserves the right to cancel this Agreement for the convenience of the State with no penalties by giving Contractor sixty (60) days' notice of said cancellation.

20. Contractor Transition

NHDOC, at its discretion, in any Agreement or extensions thereof, resulting from Agreement, may require Contractor to work cooperatively with any predecessor and/or successor Contractor to assure the orderly and uninterrupted transition from one contractor to another.

21. Audit Requirement

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of the Agreement, providing that the recommendations do not require unreasonable hardship, which would normally affect the value of the Agreement.

22. Notification to Contractor

NHDOC shall be responsible for notifying Contractor, in writing of any policy or procedural changes affecting the services performed hereunder at least thirty (30) days before the implementation of such policy or procedure. Contractor shall implement the changes on the date specified by NHDOC.

23. Additional Information

23.1. In performing its obligations under this Agreement, Contractor may gain access to information of the inmates including confidential information. Contractor shall not use information developed or obtained during the performance of, or acquired, or developed by reason of this Agreement, except as is directly connected to and necessary for Contractor's performance under this Agreement.

23.2. Contractor agrees to maintain the confidentiality of and to protect from unauthorized use, disclosure, publication, reproduction and all information of the inmates that becomes available to Contractor in connection with its performance under this Agreement.

23.3. In the event of unauthorized use or disclosure of the inmate information, Contractor shall immediately notify NHDOC.

23.4. All material developed or acquired by Contractor, as a result of work under this Agreement shall become the property of the State of New Hampshire. No material or reports prepared by Contractor shall be released to the public without the prior written consent of NHDOC.

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23.5. All financial, statistical, personnel and/or technical data supplied by NHDOC to Contractor are confidential. Contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by Contractor, or any individual or entity in the Contractor's charge or employ, will be considered a violation of this Agreement and may result in Agreement termination.

24. Contractor Personnel

Contractor shall guarantee that all personnel providing the services required by this Agreement are qualified to perform their assigned tasks.

24.1. NHDOC shall be advised of and approve in writing at least ten (10) days in advance of such change; any permanent or temporary changes to or deletions Contractor's management, supervisory, or key professional personnel, who directly impact the deliverables to be provided under this Agreement.

24.2. If a sub-contractor(s) is/are to be used for any portion of the services provided, prior approval from NHDOC shall be required. Notification to the Department shall include the name of the subcontractor, brief company profile and a description of the services/functions being sub-contracted.

25. Non-Exclusive Contract

NHDOC reserves the right, at its discretion, to retain other Contractors to provide any of the Services or Deliverables identified under this Agreement. Contractor shall make best efforts to coordinate work with all other State Contractors performing services which relate to the work or Deliverables set forth in this Agreement.

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EXHIBIT C - ESTIMATED BUDGET/METHOD OF PAYMENT

The following is a description of the Method of Payment and Agreement Price for Contractor.

1. Estimated Budget (Cost Proposal) - Northern Facility

Service Fee Schedule Period: Upon Governor and Executive Council approval through June 30, 2027.

Northern NH Correctional Facility			EXCLUDING FROM BID			
			FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	1	AC Joints Bilateral	\$ NO BID	\$ NO BID	\$ NO BID	\$ NO BID
2	8	Abdomen 1 view	\$	\$	\$	\$
3	1	Abdomen 2 view	\$	\$	\$	\$
4	1	Abdomen 2-3 view	\$	\$	\$	\$
5	7	Ankle - Left - 3 view	\$	\$	\$	\$
6	7	Ankle - Right - 3 view	\$	\$	\$	\$
7	1	Cervical Spine w/ flex + Ext	\$	\$	\$	\$
8	1	Cervical Spine 1 view	\$	\$	\$	\$
9	1	Cervical Spine 2 - 3 view	\$	\$	\$	\$
10	2	Cervical Spine 4 view	\$	\$	\$	\$
11	4	Chest 1 view (AP/PA)	\$	\$	\$	\$
12	1	Chest 1 view (LAT)	\$	\$	\$	\$
13	56	Chest 2 view (PA+LAT)	\$	\$	\$	\$
14	1	Chest - Bilat - Ducub	\$	\$	\$	\$
15	1	Chest - Left - Ducub	\$	\$	\$	\$
16	1	Chest - Right - Ducub	\$	\$	\$	\$
17	1	Chest w/ Oblique	\$	\$	\$	\$
18	1	Clavicle - Left	\$	\$	\$	\$
19	1	Clavicle - Right	\$	\$	\$	\$
20	10	Elbow - Left - 3 view	\$	\$	\$	\$
21	10	Elbow - Right - 3 view	\$	\$	\$	\$
22	40	Electrocardiogram	\$	\$	\$	\$
23	1	Facial Bones 3 - 4 view	\$	\$	\$	\$
24	1	Femur - Left	\$	\$	\$	\$
25	1	Femur - Right	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #1-25)			\$		\$	

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Northern NH Correctional Facility						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
26	1	Fingers - Left - 2 view	\$	\$	\$	\$
27	1	Fingers - Right - 2 view	\$	\$	\$	\$
28	8	Foot - Left - 3 view	\$	\$	\$	\$
29	8	Foot - Right - 3 view	\$	\$	\$	\$
30	1	Forearm - Left - 2 view	\$	\$	\$	\$
31	1	Forearm - Right - 2 view	\$	\$	\$	\$
32	10	Forearm - Left - 2 view AP/LAT inc. Elbow/Wrist Joints	\$	\$	\$	\$
33	10	Forearm - Right - 2 view AP/LAT inc. Elbow/Wrist Joints	\$	\$	\$	\$
34	10	Hand - Left - 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$	\$	\$	\$
35	20	Hand - Right - 3 view (AP, LAT, Oblique - LAT W/Fingers Fanned: inc. Wrist Joint)	\$	\$	\$	\$
36	5	Hip - Left - 2 view (Cross Table LAT + Pelvis AP)	\$	\$	\$	\$
37	5	Hip - Right - 2 view (Cross Table LAT + Pelvis AP)	\$	\$	\$	\$
38	1	Humerus - Left	\$	\$	\$	\$
39	1	Humerus - Right	\$	\$	\$	\$
40	5	Knee Left - 1 - 2 view	\$	\$	\$	\$
41	20	Knee Left - 3 view (Notch, Lateral, Sunrise)	\$	\$	\$	\$
42	5	Knee Right - 1 - 2 view	\$	\$	\$	\$
43	13	Knee Right - 3 view (Notch, Lateral, Sunrise)	\$	\$	\$	\$
44	13	Knee Left - 3 view	\$	\$	\$	\$
45	13	Knee Right - 3 view	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #26-45)			\$		\$	

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Northern NH Correctional Facility						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
46	1	Knee Left – 4 view	\$	\$	\$	\$
47	1	Knee Right – 4 view	\$	\$	\$	\$
48	20	Knee AP Bilateral Weight bearing	\$	\$	\$	\$
49	5	Knee Left – ACL (AP/LAT done in Ext)	\$	\$	\$	\$
50	5	Knee Right – ACL (AP/LAT done in Ext)	\$	\$	\$	\$
51	1	Lumbar Sacral – 1 view	\$	\$	\$	\$
52	14	Lumbar Sacral Spine – 2 – 3 view	\$	\$	\$	\$
53	6	Lumbar Sacral Spine – 4 view	\$	\$	\$	\$
54	1	Lumbar Sacral Spine Routine w/ Flex + Ext	\$	\$	\$	\$
55	1	Mandible – 4 view	\$	\$	\$	\$
56	1	Mastoids	\$	\$	\$	\$
57	1	Nasal Bones	\$	\$	\$	\$
58	1	Neck Soft Tissue	\$	\$	\$	\$
59	1	Orbits	\$	\$	\$	\$
60	1	OS Calcis – Heel – Left	\$	\$	\$	\$
61	1	OS Calcis – Heel – Right	\$	\$	\$	\$
62	10	Pelvis AP, Frog Leg Lateral	\$	\$	\$	\$
63	1	Pelvis 1 – 2 view	\$	\$	\$	\$
64	1	Pelvis – AP – w/ Uni – Hip	\$	\$	\$	\$
65	1	Pelvis + Bi – Hips	\$	\$	\$	\$
66	1	Patella – Left	\$	\$	\$	\$
67	1	Patella – Right	\$	\$	\$	\$
68	1	Penis	\$	\$	\$	\$
69	1	Ribs + PA Chest – Left	\$	\$	\$	\$
70	1	Ribs + PA Chest – Right	\$	\$	\$	\$
71	1	Ribs + Bilateral PA Chest	\$	\$	\$	\$
72	1	Sacroiliac (SI) Joints	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #46-72)			\$		\$	

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Northern NH Correctional Facility						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
73	1	Sacrum & Coccyx – 2 view	\$	\$	\$	\$
74	1	SC – Joints	\$	\$	\$	\$
75	1	Scapula – Left	\$	\$	\$	\$
76	1	Scapula – Right	\$	\$	\$	\$
77	10	Shoulder – Left	\$	\$	\$	\$
78	10	Shoulder – Right	\$	\$	\$	\$
79	10	Shoulder – Left – 3 view (True AP, Y-View, Axillary) Impingement	\$	\$	\$	\$
80	10	Shoulder – Right – 3 view (True AP, Y-View, Axillary) Impingement	\$	\$	\$	\$
81	10	Shoulder – Left – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$	\$	\$	\$
82	10	Shoulder – Right – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$	\$	\$	\$
83	10	Shoulder – Left – 3 view (Near View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$	\$	\$	\$
84	10	Shoulder – Right – 3 view (Near View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$	\$	\$	\$
85	2	Sinuses – 3 view	\$	\$	\$	\$
86	1	Skull – 2 view	\$	\$	\$	\$
87	1	Skull Less than 4 view	\$	\$	\$	\$
88	1	Skull – 4 view Minimum	\$	\$	\$	\$
89	1	Sternum	\$	\$	\$	\$
90	1	Spine – Thoracic – 1 view	\$	\$	\$	\$
91	1	Spine – Thoracic – 2 view	\$	\$	\$	\$
92	1	Spine – Thoracic – AP + LAT – w/ Oblique	\$	\$	\$	\$
93	1	Spine – Thoracic Routine w/ Flex + Ext	\$	\$	\$	\$
94	1	Tibia & Fibula – Left – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #73-94)			\$		\$	

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Northern NH Correctional Facility						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
95	1	Tibia & Fibula – Right – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$	\$	\$	\$
96	1	TMJ	\$	\$	\$	\$
97	1	Toes – Left – 3 view (AP/LAT, External Oblique)	\$	\$	\$	\$
98	1	Toes – Right – 3 view (AP/LAT, External Oblique)	\$	\$	\$	\$
99	6	Wrist – Left – 3 view (AP/LAT, Oblique)	\$	\$	\$	\$
100	10	Wrist – Right – 3 view (AP/LAT, Oblique)	\$	\$	\$	\$
101	1	Wrist w/ Navicular – Left	\$	\$	\$	\$
102	1	Wrist w/ Navicular – Right	\$	\$	\$	\$
103	1	Wrist & Hand – Left	\$	\$	\$	\$
104	1	Wrist & Hand – Right	\$	\$	\$	\$
105	1	Zygomatic Arch	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #95-105)			\$		\$	
Total Annual Cost: (Items #1 - 105)			\$ NO BID		\$ NO BID	

ADDITIONAL ANCILLARY FEES			FY 2026 & FY 2027	Optional FY 2028 & FY 2029
1	Ea.	Stat Orders	\$	\$
1	Ea.	Bedside Cancellation	\$	\$
1	Ea.	CD Charge	\$	\$

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2. Estimated Budget (Cost Proposal) – Northern Facility: Ultrasound

Northern NH Correctional Facility						
			FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	25	Abdominal Complete Ultrasound	\$	\$	\$	\$
2	17	Abdomen Limited	\$	\$	\$	\$
3	3	Abdomen Doppler	\$	\$	\$	\$
4	10	Aorta/Renal Retroperitoneal Complete	\$	\$	\$	\$
5	2	Aorta/Renal Retroperitoneal Limited	\$	\$	\$	\$
6	10	Pelvic Ultrasound	\$	\$	\$	\$
7	10	Carotid Ultrasound	\$	\$	\$	\$
8	5	Ultrasound of Chest (upper body/back soft tissues)	\$	\$	\$	\$
9	2	Arteries Legs Bilateral	\$	\$	\$	\$
10	2	Arterial Upper or Lower Ext (ABI) Multiple	\$	\$	\$	\$
11	3	Arteries Leg Unilateral	\$	\$	\$	\$
12	3	Vein Bilateral or Venous Insufficiency – Leg or Arms	\$	\$	\$	\$
13	8	Vein Unilateral – Leg or Arm	\$	\$	\$	\$
14	2	Non-Invasive Study Leg Veins with 93970	\$	\$	\$	\$
15	3	Soft Tissue Extremity or Axillary Complete	\$	\$	\$	\$
16	8	Soft Tissue Extremity or Axillary Limited	\$	\$	\$	\$
17	1	Artery Arm Bilateral	\$	\$	\$	\$
18	1	Artery Arm Unilateral	\$	\$	\$	\$
Subtotal Annual Cost Column: (Subtotal Items #1– 18)			\$	EXCLUDING FROM BID	\$	

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3. Estimated Budget (Cost Proposal) – Southern Facilities

Southern NH Correctional Facilities						
			FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	1	AC Joints Bilateral	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
2	107	Abdomen 1 view	\$ 88.00	\$ 9,416.00	\$ 91.00	\$ 9,737.00
3	14	Abdomen 2 view	\$ 88.00	\$ 1,232.00	\$ 91.00	\$ 1,274.00
4	12	Abdomen 2 – 3 view	\$ 88.00	\$ 1,056.00	\$ 91.00	\$ 1,092.00
5	38	Ankle – Left – 3 view	\$ 88.00	\$ 3,344.00	\$ 91.00	\$ 3,458.00
6	38	Ankle – Right – 3 view	\$ 88.00	\$ 3,344.00	\$ 91.00	\$ 3,458.00
7	1	Cervical Spine w/ flex + Ext	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
8	1	Cervical Spine 1 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
9	60	Cervical Spine 2 – 3 view	\$ 88.00	\$ 5,280.00	\$ 91.00	\$ 5,460.00
10	1	Cervical Spine 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
11	253	Chest 1 view (AP/PA)	\$ 88.00	\$22,264.00	\$ 91.00	\$23,023.00
12	10	Chest 1 view (LAT)	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
13	142	Chest 2 view (PA+LAT)	\$ 88.00	\$12,496.00	\$ 91.00	\$12,922.00
14	1	Chest – Bilat – Ducub	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
15	1	Chest – Left – Ducub	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
16	1	Chest – Right – Ducub	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
17	1	Chest w/ Oblique	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
18	3	Clavicle – Left	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
19	3	Clavicle – Right	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
20	23	Elbow – Left – 3 view	\$ 88.00	\$ 2,024.00	\$ 91.00	\$ 2,093.00
21	32	Elbow – Right – 3 view	\$ 88.00	\$ 2,816.00	\$ 91.00	\$ 2,912.00
22	246	Electrocardiogram	\$ 88.00	\$21,648.00	\$ 91.00	\$22,386.00
23	18	Facial Bones 3 – 4 view	\$ 88.00	\$ 1,584.00	\$ 91.00	\$ 1,638.00
24	6	Femur – Left	\$ 88.00	\$ 528.00	\$ 91.00	\$ 546.00
25	6	Femur – Right	\$ 88.00	\$ 528.00	\$ 91.00	\$ 546.00
Subtotal Annual Cost Column: (Subtotal Items #1 – 25)			\$ 89,672.00		\$ 92,729.00	

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Southern NH Correctional Facilities						
			FY 2026 & FY 2027		Optional FY.2028 & FY 2029	
Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
26	26	Fingers – Left – 2 view	\$ 88.00	\$ 2,288.00	\$ 91.00	\$ 2,366.00
27	26	Fingers – Right – 2 view	\$ 88.00	\$ 2,288.00	\$ 91.00	\$ 2,366.00
28	30	Foot – Left – 3 view	\$ 88.00	\$ 2,640.00	\$ 91.00	\$ 2,730.00
29	30	Foot – Right – 3 view	\$ 88.00	\$ 2,640.00	\$ 91.00	\$ 2,730.00
30	5	Forearm – Left – 2 view	\$ 88.00	\$ 440.00	\$ 91.00	\$ 455.00
31	5	Forearm – Right – 2 view	\$ 88.00	\$ 440.00	\$ 91.00	\$ 455.00
32	10	Forearm – Left – 2 view AP/LAT inc. Elbow/Wrist Joints	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
33	10	Forearm – Right – 2 view AP/LAT inc. Elbow/Wrist Joints	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
34	50	Hand - Left – 3 view (AP, LAT, Oblique – LAT W/Fingers Fanned; inc. Wrist Joint)	\$ 88.00	\$ 4,400.00	\$ 91.00	\$ 4,550.00
35	50	Hand - Right – 3 view (AP, LAT, Oblique – LAT W/Fingers Fanned; inc. Wrist Joint)	\$ 88.00	\$ 4,400.00	\$ 91.00	\$ 4,550.00
36	22	Hip – Left – 2 view (Cross Table LAT + Pelvis AP)	\$ 88.00	\$ 1,936.00	\$ 91.00	\$ 2,002.00
37	22	Hip – Right – 2 view (Cross Table LAT + Pelvis AP)	\$ 88.00	\$ 1,936.00	\$ 91.00	\$ 2,002.00
38	10	Humerus – Left	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
39	10	Humerus – Right	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
40	47	Knee Left – 1–2 view	\$ 88.00	\$ 4,136.00	\$ 91.00	\$ 4,277.00
41	20	Knee Left – 3 view (Notch, Lateral, Sunrise)	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
42	47	Knee Right – 1–2 view	\$ 88.00	\$ 4,136.00	\$ 91.00	\$ 4,277.00
43	24	Knee Right – 3 view (Notch, Lateral, Sunrise)	\$ 88.00	\$ 2,112.00	\$ 91.00	\$ 2,184.00
44	20	Knee Left – 3 view	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
45	24	Knee Right – 3 view	\$ 88.00	\$ 2,112.00	\$ 91.00	\$ 2,184.00
Subtotal Annual Cost Column: (Subtotal Items #26 – 45)			\$ 42,944.00		\$ 44,509.00	

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Southern NH Correctional Facilities						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
46	1	Knee Left - 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
47	1	Knee Right - 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
48	30	Knee AP Bilateral Weight bearing	\$ 88.00	\$ 2,640.00	\$ 91.00	\$ 2,730.00
49	10	Knee Left - ACL (AP/LAT done in Ext)	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
50	10	Knee Right - ACL (AP/LAT done in Ext)	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
51	2	Lumbar Sacral - 1 view	\$ 88.00	\$ 176.00	\$ 91.00	\$ 182.00
52	152	Lumbar Sacral Spine - 2 - 3 view	\$ 88.00	\$ 13,376.00	\$ 91.00	\$ 13,832.00
53	1	Lumbar Sacral Spine - 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
54	1	Lumbar Sacral Spine Routine w/ Flex + Ext	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
55	1	Mandible - 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
56	1	Mastoids	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
57	6	Nasal Bones	\$ 88.00	\$ 528.00	\$ 91.00	\$ 546.00
58	1	Neck Soft Tissue	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
59	1	Orbits	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
60	7	OS Calcis - Heel - Left	\$ 88.00	\$ 616.00	\$ 91.00	\$ 637.00
61	7	OS Calcis - Heel - Right	\$ 88.00	\$ 616.00	\$ 91.00	\$ 637.00
62	20	Pelvis AP, Frog Leg Lateral	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
63	19	Pelvis I - 2 view	\$ 88.00	\$ 1,672.00	\$ 91.00	\$ 1,729.00
64	1	Pelvis - AP - w/ Uni - HiP	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
65	2	Pelvis + Bi - Hips	\$ 88.00	\$ 176.00	\$ 91.00	\$ 182.00
66	1	Patella - Left	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
67	1	Patella - Right	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
68	1	Penis	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
69	8	Ribs + PA Chest - Left	\$ 88.00	\$ 704.00	\$ 91.00	\$ 728.00
70	8	Ribs + PA Chest - Right	\$ 88.00	\$ 704.00	\$ 91.00	\$ 728.00
71	1	Ribs + Bilateral PA Chest	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
72	3	Sacroiliac (SI) Joints	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
Subtotal Annual Cost Column: (Subtotal Items #66 - 72)			\$ 26,136.00		\$ 27,027.00	

Public Safety with Respect, Professionalism, Dedication and Courage as One Team

*State of NH, Department of Corrections
On-Site X-Ray, ECG and Portable Ultrasound Services
Contract NHDOC 2025-20*

Southern NH Correctional Facilities						
			FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
Item #	Est. Volume Per Year	Description	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
73	2	Sacrum & Coccyx – 2 view	\$ 88.00	\$ 176.00	\$ 91.00	\$ 182.00
74	1	SC – Joints	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
75	1	Scapula – Left	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
76	1	Scapula – Right	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
77	60	Shoulder – Left	\$ 88.00	\$ 5,280.00	\$ 91.00	\$ 5,460.00
78	60	Shoulder – Right	\$ 88.00	\$ 5,280.00	\$ 91.00	\$ 5,460.00
79	20	Shoulder – Left – 3 view (True AP, Y-View, Axillary) Impingement	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
80	20	Shoulder – Right – 3 view (True AP, Y-View, Axillary) Impingement	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
81	20	Shoulder – Left – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
82	20	Shoulder – Right – 4 view (True AP, Axillary, Westpoint Axillary, Regular Y-View) Instability	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
83	20	Shoulder – Left – 3 view (Near View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
84	20	Shoulder – Right – 3 view (Near View, Internal and External, Axillary, and Regular Y-View) Follow up Trauma	\$ 88.00	\$ 1,760.00	\$ 91.00	\$ 1,820.00
85	10	Sinuses – 3 view	\$ 88.00	\$ 880.00	\$ 91.00	\$ 910.00
86	1	Skull – 2 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
87	1	Skull Less than 4 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
88	2	Skull – 4 view Minimum	\$ 88.00	\$ 176.00	\$ 91.00	\$ 182.00
89	2	Sternum	\$ 88.00	\$ 176.00	\$ 91.00	\$ 182.00
90	1	Spine – Thoracic – 1 view	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
91	49	Spine – Thoracic – 2 view	\$ 88.00	\$ 4,312.00	\$ 91.00	\$ 4,459.00
92	1	Spine – Thoracic – AP + LAT – w/ Oblique	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
93	5	Spine – Thoracic Routine w/ Flex + Ext.	\$ 88.00	\$ 440.00	\$ 91.00	\$ 455.00
94	8	Tibia & Fibula – Left – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$ 88.00	\$ 704.00	\$ 91.00	\$ 728.00
Subtotal Annual Cost Column: (Subtotal Items #73 – 94)			\$	28,600.00	\$	29,575.00

Public Safety with Respect, Professionalism, Dedication and Courage as One Team

*State of NH, Department of Corrections
On-Site X-Ray, ECG and Portable Ultrasound Services
Contract NHD0C 2025-20*

Southern NH Correctional Facilities						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
95	8	Tibia & Fibula – Right – 2 view (AP, LAT inc. Ankle/Knee Joint)	\$ 88.00	\$ 704.00	\$ 91.00	\$ 728.00
96	1	TMJ	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
97	3	Toes – Left – 3 view (AP/LAT, External Oblique)	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
98	3	Toes – Right – 3 view (AP/LAT, External Oblique)	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
99	27	Wrist – Left – 3 view (AP/LAT, Oblique)	\$ 88.00	\$ 2,376.00	\$ 91.00	\$ 2,457.00
100	27	Wrist – Right – 3 view (AP/LAT, Oblique)	\$ 88.00	\$ 2,376.00	\$ 91.00	\$ 2,457.00
101	1	Wrist w/ Navicular – Left	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
102	1	Wrist w/ Navicular – Right	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
103	3	Wrist & Hand – Left	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
104	3	Wrist & Hand – Right	\$ 88.00	\$ 264.00	\$ 91.00	\$ 273.00
105	1	Zygomatic Arch	\$ 88.00	\$ 88.00	\$ 91.00	\$ 91.00
Subtotal Annual Cost Column: (Subtotal Items #95 –105)			\$ 6,864.00		\$ 7,098.00	

Total Annual Cost: (Items #1 - 105)	\$ 194,216.00	\$ 200,938.00
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ADDITIONAL ANCILLARY FEES			FY 2026 & FY 2027	Optional FY 2028 & FY 2029
1	Ea.	Stat Orders	\$ 35.00	\$ 35.00
1	Ea.	Bedside Cancellation	\$ 50.00	\$ 50.00
1	Ea.	CD Charge	\$ 25.00	\$ 25.00

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Public Safety with Respect, Professionalism, Dedication and Courage as One Team

*State of NH, Department of Corrections
On-Site X-Ray, ECG and Portable Ultrasound Services
Contract NHDOC 2025-20*

4. Estimated Budget (Cost Proposal) – Southern Facilities: Ultrasound

Southern NH Correctional Facilities						
Item #	Est. Volume Per Year	Description	FY 2026 & FY 2027		Optional FY 2028 & FY 2029	
			Unit Cost	Annual Cost (Est. Vol. X Unit Cost)	Unit Cost	Annual Cost (Est. Vol. X Unit Cost)
1	75	Abdominal Complete Ultrasound	\$ 250.00	\$ 18,750.00	\$ 257.50	\$ 19,312.50
2	50	Abdomen Limited	\$ 250.00	\$ 12,500.00	\$ 257.50	\$ 12,875.00
3	10	Abdomen Doppler	\$ 250.00	\$ 2,500.00	\$ 257.50	\$ 2,575.00
4	30	Aorta/Renal Retroperitoneal Complete	\$ 250.00	\$ 7,500.00	\$ 257.50	\$ 7,725.00
5	5	Aorta/Renal Retroperitoneal Limited	\$ 250.00	\$ 1,250.00	\$ 257.50	\$ 1,287.50
6	30	Pelvic Ultrasound	\$ 250.00	\$ 7,500.00	\$ 257.50	\$ 7,725.00
7	30	Carotid Ultrasound	\$ 250.00	\$ 7,500.00	\$ 257.50	\$ 7,725.00
8	15	Ultrasound of Chest (upper body/back soft tissues)	\$ 250.00	\$ 3,750.00	\$ 257.50	\$ 3,862.50
9	5	Arteries Legs Bilateral	\$ 250.00	\$ 1,250.00	\$ 257.50	\$ 1,287.50
10	4	Arterial Upper or Lower Ext (ABI) Multiple	\$ 250.00	\$ 1,000.00	\$ 257.50	\$ 1,030.00
11	10	Arteries Leg Unilateral	\$ 250.00	\$ 2,500.00	\$ 257.50	\$ 2,575.00
12	10	Vein Bilateral or Venous Insufficiency – Leg or Arms	\$ 250.00	\$ 2,500.00	\$ 257.50	\$ 2,575.00
13	25	Vein Unilateral – Leg or Arm	\$ 250.00	\$ 6,250.00	\$ 257.50	\$ 6,437.50
14	4	Non-Invasive Study Leg Veins with 93970	\$ 250.00	\$ 1,000.00	\$ 257.50	\$ 1,030.00
15	10	Soft Tissue Extremity or Axillary Complete	\$ 250.00	\$ 2,500.00	\$ 257.50	\$ 2,575.00
16	25	Soft Tissue Extremity or Axillary Limited	\$ 250.00	\$ 6,250.00	\$ 257.50	\$ 6,437.50
17	4	Artery Arm Bilateral	\$ 250.00	\$ 1,000.00	\$ 257.50	\$ 1,030.00
18	4	Artery Arm Unilateral	\$ 250.00	\$ 1,000.00	\$ 257.50	\$ 1,030.00
Subtotal Annual Cost Column: (Subtotal Items #1 – 18)			\$ 86,500.00		\$ 89,095.00	

5. Method of Payment.

- 5.1. Contractor shall provide itemized invoices, commencing thirty (30) days after the start of service and submitted by the fifteenth (15th) day of each month following the month in which services are provided. Contractor shall submit all invoices to NHDOC in a timely manner.
- 5.2. Invoices shall be sent to the NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302, or designee, for approval. The "Bill To" address on the invoice shall be NH Department of Corrections, Financial Services, P.O. Box 1806, Concord, NH 03302. NHDOC will accept invoices in electronic format to expedite payment to: DOC-Financialservices@doc.nh.gov
- 5.3. NHDOC may adjust the payment amount identified on the Contractor's invoice if an invoice is not submitted in accordance with the instructions established by NHDOC.
- 5.4. NHDOC Bureau of Financial Services may issue payment to Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall contain the following information:
 - 5.4.1. Invoice date, invoice number, account number (if applicable), facility;

Public Safety with Respect, Professionalism, Dedication and Courage as One Team

*State of NH, Department of Corrections
On-Site X-Ray, ECG and Portable Ultrasound Services
Contract NHD0C 2025-20*

- 5.4.2. Quantity and description of services rendered;
 - 5.4.3. Dates of said services;
 - 5.4.4. Facility served; and
 - 5.4.5. Quantity, unit cost, and extended cost
- 5.5. Contractor shall not invoice federal tax. The State's tax-exempt certificate number is: 026000618.

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Public Safety with Respect, Professionalism, Dedication and Courage as One Team

State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that SYMPHONY DIAGNOSTIC SERVICES NO. 1, LLC is a California Limited Liability Company registered to transact business in New Hampshire on June 03, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: 259808

Certificate Number: 0007145136



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed

the Seal of the State of New Hampshire,

this 1st day of April A.D. 2025.

A handwritten signature in black ink, appearing to read "D. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Brian Cuomo, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Symphony Diagnostic Services No 1 LLC d/b/a TridentCare
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on April 17, 2025, at which a quorum of the Directors/shareholders were present and voting.
(Date)

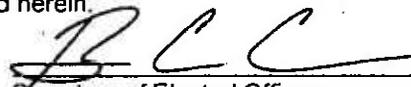
VOTED: That Lisa Kerr, Vice President Sales Operations (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Symphony Diagnostic Services No 1 LLC d/b/a TridentCare to enter into contracts or agreements with the State (Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: April 23, 2025



Signature of Elected Officer

Name: Brian Cuomo

Title: Chief Financial Officer



CERTIFICATE OF LIABILITY INSURANCE

7/31/2025

DATE (MM/DD/YYYY)
07/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #1000 Atlanta GA 30305 (404) 480-3600	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL: ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1475385 Symphony Diagnostic Services No 1 LLC dba Tridentcare 930 Ridgebrook Road Sparks Glencoe MD 21152	INSURER A: American Zurich Insurance Company NAIC # 40142	
	INSURER B: Zurich American Insurance Company 16535	
	INSURER C: Allied World Surplus Lines Insurance Company 24319	
	INSURER D: Coverys Specialty Insurance Company 15686	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16859535 **REVISION NUMBER:** XXXXXXXX

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

LINE	TYPE OF INSURANCE	ADDITIONAL INSURED (INDICATE BY Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL Deduc: \$100,000 <input checked="" type="checkbox"/> GI Deduc: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	N	0313-4664	07/31/2024	07/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 200,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED, AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	BAP-1861365-07	07/31/2024	07/31/2025	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	N	005MD000027078	07/31/2024	07/31/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in PA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC-1861364-07 WC-0614814-07	07/31/2024	07/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability:	N	N	0313-4664	07/31/2024	07/31/2025	Per Claim \$1,000,000 Per Aggregate \$3,000,000 Deductible \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is included for the referenced provider, only for acts while working within their course and scope of duties for the insured. For Providers in PA that participates in Medicare, primary limits of \$500K/\$1.5M. Medicare limits of \$500K/\$1.5M apply excess of primary limits. All VA providers subject to \$2,600,000/\$7,800,000 limits effective 07/01/23 The State of NH, Department of Corrections is included as an Additional Insured as respect of General Liability, Auto Liability & Umbrella Liability coverage required by written contract subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER 16859535 The NH Department of Corrections PO Box 1808 Concord NH 03302-1808	CANCELLATION See Attachments SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Named Insured Listing

On Organizational Chart:

Trident Topco LLC
Trident Holdco LLC
TridentUSA Mobile Clinical Services LLC
Kan-DI-KI, LLC
TridentUSA Mobile Infusion Services, LLC
Symphony Diagnostic Services No. 1, LLC
American Diagnostics Services, LLC
U.S. Lab & Radiology, LLC
Trident Intermediate Holdco LLC
MX Holdings, LLC
MX USA, LLC
New Schryver LLC
Main Street Clinical Laboratory, LLC
MetroStat Clinical Laboratory-Austin, LLC
Trident Clinical Services Holdings, LLC
TridentUSA Foot Care Services LLC
Diagnostic Labs Holdings, LLC
MDX-MDL Holdings, LLC
Community Mobile Diagnostics, LLC
Community Mobile Ultrasound, LLC
Rely Radiology Holdings, LLC
JLMD Manager, LLC

Alternate Names:

Trident USA Foot Care Services LLC
Symphony Diagnostic Services No 1 LLC dba MobilixUSA
JLMD Manager, LLC dba Rely Radiology
Kan-DI-KI, LLC dba Diagnostic Laboratories
Diagnostic Laboratories & Radiology
MX Holdings, Inc.
MX USA, Inc.

Rely:

Reono Bertagnolli, MD, a Medical Group
Reono Bertagnolli, a Medical Group DBA Rely Radiology
Reono Bertagnolli, a Medical Group

Legacy and/or Outdated Companies:

Trident Holding Company, LLC
Quality Mobile X-Ray Services, Inc.
On-Site Imaging Solutions, Inc.
Community Portable X-Ray, LLC
Mobile Medical Optometry MA PC
Mobile Medical Dental MA PC
Mobile Medical Audiology MA LLC
Mobile Medical Group MA PC
FC PAC Holdings, LLC
FC Pioneer Holding Company, LLC
Formax Health Holdings, LLC
Compassus Management Holdings, LLC
Trident USA Health Services, LLC and its subsidiaries
Cogent Diagnostic Laboratories, Inc.
FCT Health Holdings, LLC
Schryver Medical Sales and Marketing, LLC
Trident Clinical Services Holding, Inc.
Trident Mobile Hearing Services, LLC
Main Street Clinical Laboratory, Inc.
MetroStat Clinical Laboratory - Austin, Inc.
FCPAC Holdings, LLC
New Trident Holdcorp, Inc.
Advanced Radiology Services, Inc.
Mobile Medical Group
Trident Mobile Clinical
The Bucci Group, Ltd.
Mobile Medical Radiography & EKG, Inc.

Coverage is included for the referenced provider only for acts while working within their course and scope of duties for the Insured.

Mission, Vision, Values

Mission

We provide high-quality clinical services to patients wherever they are. We care, engage, respect, innovate, and challenge ourselves to create value for our patients, employees, customers, and stakeholders.

Vision

To provide outstanding clinical care wherever you are. We use technology and our excellent workforce to create superior outcomes for our patients.

PERSONNEL

Alan Cislo, Regional GM, VP

2550 Corporate Exchange Dr, Ste 15, Columbus, OH 43231

Cell: 313.303.7184

Email: alan.cislo@tridentcare.com

Brendan Moriarty, Sr. Director Operations

2 Jonathan Drive, Brockton, MA 02301

Cell: 917.861.7739

Email: brendan.moriarty@tridentcare.com

Lisa Kerr, Vice President Sales Operations

115 Gibraltar Road, Horsham, PA 19044

Cell: 732.569.2217

Email: lisa.kerr@tridentcare.com

ORGANIZATIONAL CHART

