FINAL NNL15527797Q
Attachment 2
Fee-for-Service Plan Template

1) The rates the Quoter will charge for the Mandatory Services Outlined in Attachment 1 Statement of Work.

MANDATORY SERVICES	RATE
Non-Work Related Injury/Illness Office Visit (SOW Section 1.2.1)	$_____
Head-to-Toe Complete Health Maintenance Examination (SOW Section 1.2.2)	$_____
Partial Health Maintenance Examination (SOW Section 1.2.2)	$_____
Occupation-Related Examination: Pre-Placement (SOW Section 1.2.3)	$_____
Occupation-Related Examination: Surveillance (SOW Section 1.2.3)	$_____
Occupation-Related Examination: Job Certification/ Special Purpose (SOW Section 1.2.3)	$_____
Occupation-Related Examination: Job Separation/ Retirement (SOW Section 1.2.3)	$_____
Occupation-Related Examination: FAA Class I Flight Physical Examination (SOW Section 1.2.3)	$_____
Optician Services (SOW Section 1.2.4)	$_____
International Travel: Pre-travel physical assessment, counseling, required immunizations, travel kits (SOW Section 1.2.5)	$_____
International Travel: Post-travel Counseling (SOW Section 1.2.5)	$_____
Hepatitis A and B Vaccination (SOW Section 1.2.6)	$_____
Tetanus Vaccination (SOW Section 1.2.6)	$_____
TDAP Vaccination (SOW Section 1.2.6)	$_____
Administration of personal treatment/medication prescribed by Private Physician: Allergy Injection (SOW Section 1.2.6)	$_____
Administration of personal treatment/medication prescribed by Private Physician: Medication Injection (SOW Section 1.2.6)	$_____
EAP Counseling Session per Hour (SOW Section 2.0)	$_____
One-Hour Fitness Class (Above the three (3) required classes, SOW Section 4.1.2)	$_____
30-Minute Personal Training Session (SOW Section 4.1.2)	$_____
Drug and Alcohol Testing *(if service is provided by Contractor)* (SOW Section 7.0)	$_____

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2) The Additional Services and rates the Quoter plans to provide at NASA LaRC. (*Additional Rows May be Added as Required)*

SERVICE	RATE
	$________________________
	$________________________
	$________________________
	$________________________
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	$________________________

3) A description of how the Quoter will advertise and promote the available services on its Fee for Service Plan to the NASA LaRC Workforce.

4) The benefit the Fee for Service Plan will have to the NASA LaRC Workforce and how the Fee for Service Plan supports the NASA LaRC Occupational Health and Wellness Program.

5) The percentage of the monthly Fee for Services proceeds that will be applied as a credit to the invoiced amount on contract vouchers submitted to NASA for payment.

____%