

**AMENDMENT NO. 1 TO SERVICE AGREEMENT
WITH TRANSRAY DIAGNOSTIC INC. FOR MOBILE DIAGNOSTIC
RADIOLOGICAL SERVICES**

THIS AMENDMENT is made and entered into this 3rd day of April 2018, by and between **Santa Fe County**, hereinafter referred to as "County", a political subdivision of the state of New Mexico, and **TransRay Diagnostic Inc.**, hereinafter referred to as the "Contractor."

WHEREAS, on October 5, 2017, the County and Contractor entered into Service Agreement No. 2018-0017-CORR/IC (the Agreement) for mobile diagnostic radiology services for the Santa Fe County Corrections Department; and

WHEREAS, Article 14 (No Oral Modifications; Written Amendments Required) of the Agreement allows the parties to amend the Agreement by an instrument in writing executed by the parties; and

WHEREAS, the County wishes to replace Exhibit A that is attached to the Agreement and replace with a new listing of costs, the "First Revised Exhibit A" attached hereto.

NOW THEREFORE, both parties agree as follows:

1. The Agreement is amended by deleting Exhibit A in its entirety and replace it with the attached "First Revised Exhibit A". All references to Exhibit A in the Agreement shall be references to the First Revised Exhibit A.
2. All other provisions of the Agreement not specifically amended or modified by this Amendment No. 1 shall remain in full force and effect.


IN WITNESS WHEREOF, the parties have duly executed this Amendment as of the last signature by the parties.

SANTA FE COUNTY:


Katherine Miller,
Santa Fe County Manager

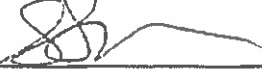
4-3-18
Date

Approved as to form:


R. Bruce Frederick
Santa Fe County Attorney

3/28/18
Date

Finance Department:



Stephanie S. Clarke
Santa Fe County Finance Director

3/30/18

Date

CONTRACTOR:

G Constant

4/2/18

Date

By: Gina Constant
(Print Name)

Its: VP
(Print Title)

First Revised Exhibit A
to Agreement No. 2018-0017-Corr/IC

TRANSRAY DIAGNOSTIC FEE SCHEDULE
(X-ray and EKG procedures)

Transportation Fee	\$ 100.00
Additional Fee for STAT	\$ 100.00
Fee Per Procedure	\$ 45.00
Radiologist Interpretation	\$ 25.00

HIGH DESERT DOPPLER FEE SCHEDULE
(100% of Medicare allowable per procedure)

76536	Thyroid Scan	\$ 111.30
76700	Complete Abdominal Real-Time B Scan	\$ 117.74
76705	Ultrasound, abdominal, real time with im	\$ 87.95
76770	Ultrasound, retroperitoneal (e.g., renal	\$ 108.95
76775	Diagnostic Ultrasound Procedures of the	\$ 56.88
76830	Diagnostic Ultrasound Transvaginal	\$ 117.39
76856	Ultrasound, pelvic	\$ 106.17
76857	Pelvic Ultrasound	\$ 47.08
76870	Testicular Duplex Scan	\$ 66.40
76881	Ultrasound, extremity, nonvascular, real	\$ 113.16
76882	Ultrasound, extremity, nonvascular, real	\$ 35.49
93306	Echocardiography	\$ 217.41
93880	Extracranial study - Fee schedule amount	\$ 192.41
93922	Duplex Scan Of Extremity Arteries	\$ 84.00
93923	Non-Invasive Extremity Arterial Studies	\$ 130.77
93925	Duplex scan of lower extremity arteries	\$ 245.13
93926	Limited F/U Duplex Scan Lower Ext	\$ 128.61
93931	Non-evasive physiologic study of upper e	\$ 122.23
93970	Non-Invasive Extremity Venous Studies	\$ 187.06
93971	Duplex scan of extremity veins	\$ 113.96
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete	\$ 266.71
93976	Duplex scan of arterial inflow and venou	\$ 144.22
93978	Duplex scan of aorta, inferior vena cava	\$ 181.71
93979	Duplex scan of aorta, inferior vena cava	\$ 114.08

NCT FEE SCHEDULE

93880	Carotid	\$320.00
93922	Unilateral Arterial ABI	\$220.00
93923	Bilateral Arterial ABI	\$345.00
93924	Arterial ABI with Exercise	\$320.00
93925	Bilateral Lower Extremity Arterial Doppler	\$345.00
93926	Unilateral Lower Extremity Arterial Doppler	\$245.00
93930	Bilateral Upper Extremity Arterial Doppler	\$345.00
93931	Unilateral Upper Extremity Arterial Doppler	\$245.00
93970	Bilateral Upper or Lower Venous Doppler	\$345.00
93971	Unilateral Upper or Lower Venous Doppler	\$305.00
93306	Complete Echocardiogram (Includes 93320 and 93325)	\$575.00
93307	Heart Only	\$225.00
93320	Echocardiogram Doppler PW or CW	\$75.00
93325	Color Flow Velocity Mapping	\$125.00
76700	Abdomen Complete	\$310.00
76705	Abdomen Limited	\$190.00
76770	Renal Complete	\$305.00
76775	Renal Limited	\$240.00
76856	Pelvic Non-OB	\$300.00
76857	Pelvic Non-OB Limited	\$215.00
76830	Transvaginal	\$300.00
76801	OB/GYN <14 weeks Single	\$270.00
76802	OB/GYN <14 weeks Twins	\$300.00
76805	OB/GYN	\$330.00
76810	OB/GYN Twins	\$360.00
76815	OB/GYN Limited	\$295.00
76816	OB/GYN Follow Up	\$295.00
76817	Transvaginal OB	\$300.00
76819	Fetal Biophysical Profile W/O Non Stress Testing	\$330.00
93975	Duplex Scan Organs	\$385.00
93976	Duplex Scan Organs Limited	\$265.00
93978	Duplex Scan Visceral Vasculature	\$360.00
93979	Duplex Scan Visceral Vasculature Limited	\$290.00
76870	Testicular	\$250.00
76536	Thyroid	\$250.00
76604	Chest	\$250.00
76641	Bilateral Breast	\$250.00
76642	Unilateral Breast	\$250.00
76376	3D Ultrasound	\$300.00
76881	Musculo Skeletal Complete	\$400.00