TECHNICAL PROPOSAL
OPTIONAL SERVICES

Place a checkmark next to any optional services to be provided and enter the onsite or offsite locations where services will be performed. If offsite, indicate name of facility(ies) where services will be performed and include letter of commitment from the facility(ies). If not providing optional services, checkmark the box "Will not provide any optional services." Include this form with your Technical Proposal.

CHECK	CODE	DESCRIPTION	ONSITE LOCATION(S)	OFFSITE LOCATION(S)
☐	90005	Complete Eye Examination		
☐	90006	Complete Ear Examination		
☐	96100	Adaptive Behavior Scale		
☐	94700	Arterial Oxygen tension (PO2) at rest and simultaneously obtained arterial carbon dioxide tension (PCO2)		
☐	94705	Arterial Gases Rest/Treadmill		
☐	94720	Measurement of Lung Diffusing Capacity		
☐	76620	Echocardiogram (2 Dimensional)		
☐	92556	Speech Discrimination Test, binural		

☐ **WILL NOT PROVIDE ANY OPTIONAL SERVICES**