



OCCUPATIONAL HEALTH PROGRAM

THIS LETTER OF AGREEMENT (this “Agreement”) is entered into as of (April 17, 2025) (Effective Date) by and between the City of Everett (Customer), and Providence Occupational Medicine (Vendor)

Employer: City of Everett Fire Department

1. CUSTOMER INFORMATION

City of Everett
Megan Munro
Environmental Health & Safety Manager
2930 Wetmore Avenue, Suite 5A
Everett, WA 98201
425-257-8775
mmunro@everettwa.gov

2. VENDOR INFORMATION

Providence Occupational Medicine
Cathy Killpack
Practice Manager
12800 Bothell-Everett Highway, Suite 120
Everett, WA 98208
425-316-5155
Cathy.killpack@providence.org

3. SERVICE(S)

3.1 Customer agrees to pay the specified fees for the Services indicated in Exhibit A-Fee schedule, see attached, in accordance with Section 3.2

3.2 Providence Occupational Medicine shall invoice the Customer for Services monthly, and the Customer shall submit payment for the amount within (30) thirty days after receipt of the invoice. Providence will conduct annual reviews of staffing, supply and ancillary costs. This may result in modification of services or fees charged. These changes will be effective upon (60) sixty days written notice to Customer. Unless Customer terminates the applicable Service or this Agreement, in writing, within (30) thirty days after receiving notice of a modification, Customer shall be deemed to have accepted any such modification(s).

Each Customer department has a separate fee schedule in Exhibit A. If requested by Customer, Providence Occupational Medicine will separately invoice Customer for each customer department.

Please make payments to:

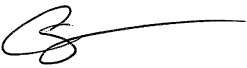
**Providence Occupational Medicine
P.O. Box 94741
Seattle, WA 98124-7041**

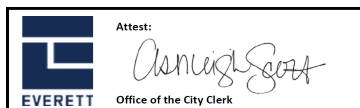
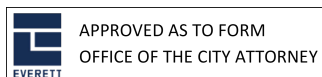
4. ENTIRE AGREEMENT

This Agreement constitutes the entire Agreement of the parties with respect to the subject matter hereof and supersedes any prior agreements relating to the subject matter hereof and may be amended only by written agreement between the parties. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, and all of which together shall be deemed an original, and all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused the Agreement to be executed by their duly authorized representatives as of the Effective date.

CUSTOMER:

Signature: 
Cassie Franklin, Mayor
Date Signed: 05/02/2025



Providence Occupational Medicine:

Signature: 
Cathy Killpack

Printed Name: Cathy Killpack
Title: Practice Manager
Date Signed: 05/01/2025

EXHIBIT A-1 – FIRE DEPARTMENT FEE SCHEDULE

Pricing Effective 1/1/2025

Firefighter – Full Time New Exam

Physical Exam, Complex, Firefighter (New to Industry) <i>(In depth evaluation of overall health, including a detailed assessment of Diagnostic and laboratory testing)</i>	\$205.00
No Show Fee	\$102.50
Pulmonary Function Test/Vital Capacity/Flow	\$85.00
Audiometry Screen Pure Air Tone Only (Availability TBD)	\$50.00
Respirator Medical Questionnaire Review, online	\$40.00
HazMat Questionnaire review	\$52.00
Lipid Panel	\$50.00
Comprehensive Metabolic Panel	\$35.00
CBC with Differential and Platelets	\$36.00
Urinalysis (UA), Lab	\$10.00
EKG with Physician Interpretation Only	\$75.00
X-Ray, Chest, 1V frontal w/interpretation	\$130.00
Antibody, Hepatitis C	\$80.00
QuantiFeron Gold Test	\$157.00
Lead, Blood	\$81.50
Blood Draw, Venipuncture	\$10.00
Non-Federal Drug Screening, 10 panel, M-cup	\$55.00
Non-Federal, Drug Screen Collection only (Availability TBD)	\$28.00

As Clinically indicated

X-Ray Spine, Thoracic 1V w/interpretation	TBD
X-Ray Spine, Lumbar 1V w/interpretation	TBD
UA Microscopic (If Lab UA is positive)	\$15.00
Hepatitis B Vaccine-Series of 3	\$112.00/each
Immunization, Administration	\$30.00
Immunization, Administration Each Additional	\$27.00
Thyroid (TSH)	\$94.00
Blood Draw, Venipuncture	\$10.00
ETT, Stress Test	TBD

HazMat Examination

Physical Exam, Complex, Firefighter	\$205.00
No Show Fee	\$102.50
HazMat Questionnaire Review	\$52.00
EKG with Physician Interpretation Only	\$75.00
Comprehensive Metabolic Panel	\$35.00
CBC with Differential and Platelets	\$36.00
Blood Draw, Venipuncture	\$10.00
Pulmonary Function Test/Vital Capacity/Flow	\$85.00
Urinalysis (UA), Lab	\$15.00
X-Ray, Chest, 1V frontal w/interpretation	\$130.00

As Clinically indicated

UA Microscopic (If Lab UA is positive)	\$15.00
Heavy Metal Screening, Blood	TBD
Cadmium	TBD

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00
No Show Fee	\$70.00

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

EXHIBIT A-2 – HUMAN RESOURCES DEPARTMENT FEE SCHEDULE

Post Offer Physical Exam

Physical Exam, Moderate (Physical Demands/Working Conditions- Ability to perform physically demanding work activities involving sustained lifting, bending, standing and walking in prevailing weather conditions)	\$132.00
No Show Fees (Physical Exam)	\$ 66.00
Commercial Drivers Medical Examination	\$125.00
No Show Fees (CDL)	\$62.50
Respiratory Medical Questionnaire, online	\$35.00
Audiometry Screen (Availability TBD)	\$45.00

Drug Screen Collection

Drug Screen Collection, Federal (Availability TBD)	\$ 28.00
Drug Screen Collection, Non-Federal (Availability TBD)	\$ 28.00

Breath Alcohol Screen

Breath Alcohol Testing	\$ 39.00
Breath Alcohol Testing Confirmation	\$ 77.00

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

EXHIBIT A-3 – MOTOR VEHICLE DEPARTMENT FEE SCHEDULE

Commercial Driver Medical Examination

Commercial Driver Exam (CDL)	\$125.00
No Show Fee	\$62.50

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00
No Show Fee	\$70.00

Audiometry Screening

Screening Test Pure Tone Air Only (Upon Availability)	\$45.00
--	---------

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
TDAP Vaccine	\$45.00
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

Labs

Lead, Blood	\$81.50
QuantiFeron Gold	\$157.00
Blood Draw, Venipuncture	\$10.00

Drug Screening

Drug Screen Collection, Federal (TBD)	\$28.00
Drug Screen Collection, Non-Federal (TBD)	\$28.00
Non-Federal Drug Screening, 10 panel (M Cup)	\$50.00

Alcohol Screen

Breath Alcohol Testing (TBD)	\$39.00
Breath Alcohol Testing Confirmation (TBD)	\$77.00

As Clinically Indicated

Tuberculosis Health Assessment	\$30.00
Physical Exam, Moderate	\$140.00

EXHIBIT A-4 – PARKS AND FACILITIES DEPARTMENT FEE SCHEDULE

Commercial Driver Medical Examination

Commercial Driver Exam (CDL)	\$125.00
No Show Fee	\$62.50

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00
No Show Fee	\$70.00

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
TDAP Vaccine	\$45.00
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

Rabies

Pre-exposure Prophylaxis	TBD
Post-exposure Prophylaxis	TBD

Drug Screening

Drug Screen Collection, Federal (TBD)	\$28.00
Drug Screen Collection, Non-Federal (TBD)	\$28.00
Non-Federal Drug Screening, 10 panel (M Cup)	\$50.00

Alcohol Screen

Breath Alcohol Testing (TBD)	\$39.00
Breath Alcohol Testing Confirmation (TBD)	\$77.00

EXHIBIT A-5 – POLICE DEPARTMENT FEE SCHEDULE

Law Enforcement New Exam

Law (New to Industry) Completion of CJTC Police Form	\$170.00
--	----------

(Focused physical examination including review of Occupational & medical history.

Physician assessment and medical recommendations for placement.)

No Show Fee	\$85.00
Audiometry Screen ((Availability TBD)	\$45.00
Blood Draw, Venipuncture	\$10.00
CBC with Differential and Platelets	\$36.00
X-Ray, chest, 1V, frontal w/interpretation	\$130.00
EKG w/Physician Interpretation	\$75.00
Respiratory Medical Questionnaire, online 3M	\$35.00
Lipid Panel (Includes Cardiac Risk Assessment for 40+)	\$50.00
Comprehensive Metabolic Panel	\$35.00
Urinalysis (UA)	\$10.00
Non-Federal Drug Screening, 10 panel (M Cup)	\$50.00
QuantiFeron Gold Test	\$157.00
Lead, Blood	\$81.50
Blood Draw, Venipuncture	\$10.00

As Clinically Indicated

Urinalysis Microscopic (If Lab UA is positive)	\$15.00
Pulmonary Function Test, Spirometry	\$85.00
ETT Stress Test (TBD)	TBD

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00

No Show Fee	\$70.00
-------------	---------

Audiometry Screening

Screening Test Pure Tone Air Only (Upon Availability)	\$45.00
--	---------

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

EXHIBIT A-6 – PUBLIC WORKS DEPARTMENT FEE SCHEDULE

Commercial Driver Medical Examination

Commercial Driver Exam (CDL)	\$125.00
No Show Fee	\$62.50

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00
No Show Fee	\$70.00

Audiometry Screening

Screening Test Pure Tone Air Only (Upon Availability)	\$45.00
--	---------

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
TDAP Vaccine	\$45.00
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

Labs

Lead, Blood	\$81.50
QuantiFeron Gold	\$157.00
Blood Draw, Venipuncture	\$10.00

Drug Screening

Drug Screen Collection, Federal (TBD)	\$28.00
Drug Screen Collection, Non-Federal (TBD)	\$28.00
Non-Federal Drug Screening, 10 panel (M Cup)	\$50.00

Alcohol Screen

Breath Alcohol Testing (TBD)	\$39.00
Breath Alcohol Testing Confirmation (TBD)	\$77.00

As Clinically Indicated

Tuberculosis Health Assessment	\$30.00
Physical Exam, Moderate	\$140.00

EXHIBIT A-7 – TRANSIT DEPARTMENT FEE SCHEDULE

Commercial Driver Medical Examination

Commercial Driver Exam (CDL)	\$125.00
No Show Fee	\$62.50

Respiratory Clearance Examination

Physical Exam, Moderate	\$140.00
EKG w/Physician Interpretation	\$75.00
Pulmonary Function Test, Spirometry	\$85.00
X-Ray, Chest, 1V, frontal w/interpretation	\$130.00
No Show Fee	\$70.00

Audiometry Screening

Screening Test Pure Tone Air Only (Upon Availability)	\$45.00
--	---------

Immunization/Titer

Antibody, Hepatitis B Surface (HBSAB)	\$60.00
Blood Draw, Venipuncture	\$10.00
Hepatitis B Vaccine- series of 3	\$112.00/each
Hepatitis A Vaccine- series of 2	\$112.00/each
TDAP Vaccine	\$45.00
Immunization Administration Fee	\$30.00
Immunization Administration Fee, each additional	\$27.00

Labs

Lead, Blood	\$81.50
QuantiFeron Gold	\$157.00
Blood Draw, Venipuncture	\$10.00

Drug Screening

Drug Screen Collection, Federal (TBD)	\$28.00
Drug Screen Collection, Non-Federal (TBD)	\$28.00
Non-Federal Drug Screening, 10 panel (M Cup)	\$50.00

Alcohol Screen

Breath Alcohol Testing (TBD)	\$39.00
Breath Alcohol Testing Confirmation (TBD)	\$77.00

As Clinically Indicated

Tuberculosis Health Assessment	\$30.00
Physical Exam, Moderate	\$140.00












Providence Occupational Health Combined_SD

Final Audit Report

2025-05-02

Created:	2025-04-30
By:	Ashleigh Scott (AScott@everettwa.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvJKDKemFs0xvbagYdk3uxAH4Dbqkj4Mo

"Providence Occupational Health Combined_SD" History

-  Document created by Ashleigh Scott (AScott@everettwa.gov)
2025-04-30 - 2:46:27 PM GMT
-  Document emailed to mmunro@everettwa.gov for approval
2025-04-30 - 2:49:10 PM GMT
-  Email viewed by mmunro@everettwa.gov
2025-04-30 - 2:49:48 PM GMT
-  Signer mmunro@everettwa.gov entered name at signing as Megan Munro
2025-04-30 - 2:50:03 PM GMT
-  Document approved by Megan Munro (mmunro@everettwa.gov)
Approval Date: 2025-04-30 - 2:50:05 PM GMT - Time Source: server
-  Document emailed to cathy.killpack@providence.org for signature
2025-04-30 - 2:50:08 PM GMT
-  Email viewed by cathy.killpack@providence.org
2025-04-30 - 2:50:47 PM GMT
-  Signer cathy.killpack@providence.org entered name at signing as Cathy Killpack
2025-05-01 - 9:31:10 PM GMT
-  Document e-signed by Cathy Killpack (cathy.killpack@providence.org)
Signature Date: 2025-05-01 - 9:31:12 PM GMT - Time Source: server
-  Document emailed to Tim Benedict (TBenedict@everettwa.gov) for approval
2025-05-01 - 9:31:15 PM GMT
-  Email viewed by Tim Benedict (TBenedict@everettwa.gov)
2025-05-01 - 9:36:08 PM GMT



Document approved by Tim Benedict (TBenedict@everettwa.gov)

Approval Date: 2025-05-01 - 9:36:27 PM GMT - Time Source: server



Document emailed to Cassie Franklin (cfranklin@everettwa.gov) for signature

2025-05-01 - 9:36:29 PM GMT



Email viewed by Cassie Franklin (cfranklin@everettwa.gov)

2025-05-02 - 5:03:42 PM GMT



Document e-signed by Cassie Franklin (cfranklin@everettwa.gov)

Signature Date: 2025-05-02 - 5:04:16 PM GMT - Time Source: server



Document emailed to Ashleigh Scott (AScott@everettwa.gov) for approval

2025-05-02 - 5:04:18 PM GMT



Document approved by Ashleigh Scott (AScott@everettwa.gov)

Approval Date: 2025-05-02 - 10:07:29 PM GMT - Time Source: server



Agreement completed.

2025-05-02 - 10:07:29 PM GMT