

**Village of Oak Park
Occupational Health Services RFP
U.S Healthworks Price Proposal**

August 1st, 2016

Date: August 26, 2016

Presented by:

Catherine Martinez

Sales Consultant

Phone: 312-258-0700

Cell: 312-502-9260

Email – Catherine.martinez@ushworks.com



A Dignity Health Member

The Right Care, Right Away

RCID: HX1FUG284M11-13

Village of Oak Park
Attn: Ms. Julia Scott-Valdez
123 West Madison
Oak Park, IL. 60302

Dear Ms. Scott-Valdez

U.S. HealthWorks Medical Group, is pleased to submit this price proposal to the Village of Oak Park in response to the RFP dated August 1st, 2016 for occupational healthcare services.

Our response reflects the U.S. HealthWorks Medical Group's ability to perform the quality medical services requested at a competitive price. U.S. HealthWorks is excited to have the opportunity to provide a strong working relationship with the administrators and managers of the Village of Oak Park and ensure that the employees will enjoy consistent high quality medical care delivered on a timely basis.

In this proposal, we describe our good faith effort towards compliance with the Village of Oak Park request to provide occupational healthcare services and its program goals. U.S. HealthWorks Medical Group intends to perform the services as outlined in your request.

This response shall serve as our firm offer to the Village of Oak Park and will remain in effect for 90 days from the date of submission.

U.S. HealthWorks Medical Group is confident that the following proposal will meet the expectations and requirements of Village of Oak Park.

We look forward to hearing from you.

Sincerely,

Catherine Martinez
Sales Consultant

Characteristics and Qualifications.

1. *Describe the history and organization*

Headquartered in Valencia, CA, U.S. HealthWorks Medical Group was founded in 1995 to provide innovative occupational healthcare services to both large and small employers in a wide range of industries.

U.S. HealthWorks Medical Group is a leading national provider of occupational medicine and urgent care services, operating over 244 medical centers and worksites in 21 states, with over 3,300 employees, including approximately 1,100 medical providers. U.S. HealthWorks serves over 13,000 patients each day. Within the Chicago Metro area we operate three centers. (Bellwood, Chicago and Schiller Park, IL.)

U.S. HealthWorks is a privately held company. As such, we do not release financial information of any kind. At U.S. HealthWorks Medical Group, we offer services that can help prevent illness, maintain health, and provide early intervention and rehabilitation whenever injuries or health problems occur. We help employers control the cost of work-related injuries through quality medical care and effective management of claims and lost work time.

2. *Describe the designed medical office to serve Village of Oak Park*

Bellwood will be the primary medical facility to services the Village of Oak Park occupational healthcare needs.

- Clinic location - 2615 W. Harrison St., Bellwood, IL 60104 (Phone: 708-493-0299)
- Hours of Operation (Monday – Friday 7:00 AM – 7:00 PM and Saturday 8:00 AM – 12:00 PM). Evenings and off hours weekend U.S HealthWorks partners with **Rush Oak Park Hospital**, for work related first visit injury care. Follow ups will be referred back to Bellwood.

The Bellwood center provides a full spectrum of occupational healthcare services (from injury prevention to early return-to-work programs), we custom tailor solutions that meet the specific needs of the employer, while attending to the health and safety of the patient. *"One-Stop, Full Service Provider"*. U.S. HealthWorks Medical Group is defined by our motto: *"The Right Care, Right Away"*.

List of Services

- Work related injury care / treatment
- Physical and Occupational therapy, Worksite (Ergonomic) evaluation,
- Fitness for Duty /Return to work exam,
- Functional Capacity and Physical Ability Test or PAT
- Pre-employment medical exams (Including Fire personnel exam – NFPA 1582)
- Cardiac Stress Test & EKG
- DOT and Non DOT Drug Screen (Pre-employment, post-accident, return to duty, reasonable suspicion and Random/Selection Consortium program)
- BAT Testing
- Vaccinations (e.g. Hep A, B & C)
- Biometric Wellness Screening
- TB Screening
- Vision Test
- Respiratory /Spirometry (PFT)
- Audiometric screening
- In-house X-ray
- Onsite Services (e.g. – Drug screening & Physical Exam)

Alternate U.S. HealthWorks medical facilities are Schiller Park and Chicago.

Schiller Park-

- Clinic location 4200 N. Mannheim Road, Schiller Park, IL 60176 (Phone: 847-801-5170)
- Hours of Operation (Monday – Friday 7:00 AM – 7:00 PM and Saturday 8:00 AM – 12:00 PM).

Chicago –

- Clinic location 614 W. Monroe, Chicago, IL 60661 (Phone: 312-258-0700)
- Hours of Operation (Monday – Friday 7:00 AM – 7:00 PM and Saturday 8:00 AM – 12:00 PM).

Similar to Bellwood, Schiller Park and Chicago centers provide a full spectrum of occupational healthcare services (from injury prevention to early return-to-work programs).

3. *Name of principal /key personnel.*

Each U.S. HealthWorks medical center is structure by (Center Leader Team – CLT) comprised of a center medical director/ physician, physical therapist, center manager of operations, and sales /account management. Bellwood Center Leader Team – CLT is as follows.

- Center Medical Director /Physician - Dr. Raman Singh
- Center Manager (Operations) Tina Gonzalez
- Area Therapy Manager- Gary Johnson
- Sales Consultant - Catherine Martinez
- Key Account Specialist - Frank Jackson
-

4. *Occupational Health Experience (Bio /Resume) for each team member.*
(PLEASE REFERENCE ATTACHMENT "A" for Bio's)

5. *Applicable Certifications, Licenses and Credentials.*

- Certifications, Licenses and Credentials to be provide at the time of award.
 - Note - As part of the U.S. HealthWorks standards for medical practice, all providers must maintain a current knowledge base of OSHA, NIOSH, AMA and CDC guidelines and regulations. As the principal resource for occupational medicine in the country, our providers are also confident in the application of relevant Workers' Compensation law and the case management guidelines of ACOEM.

6. *Price Proposal for services*

- ***Please see Attachment "B"***

7. *Forms & Reports*

- ***Please see Attachment "C"***

Program Administration

1. **Hours of Operation** – All three U.S. HealthWorks facilities hours comply with Village of Oak Park medical services requirements.
2. **Schedule Return to Examination.** – even though we are a walk-in facility we preferred to schedule all physical exam.
3. **Urgent Care** – Yes Urgent Care service is provided at all 3 USHW Locations
4. **Maintain Confidential Records** - U.S. HealthWorks is dedicated to the philosophy and specifics of the law and has developed a robust collection of tools and policies to assure absolute protection of the rights maintained in the (Health Insurance Portability and Accountability Act) HIPAA doctrine. Each of our associates and providers is well trained in the HIPAA regulatory expectations; patients are welcomed to the practice with our Notice of Privacy Practices and each and every interaction involving medical information is managed to the expectations of HIPAA.
5. **Collection site** – U.S. HealthWorks maintain ample supply of our lab base Chain of Custody (COC). If needed we can stock clients COC at each medical facility.
6. **DOT & Non CDL driver program monitoring** - U.S. HealthWorks enters all DOT & Non CDL driver exam report into the National Registry Certification Medical Examiners (NRCME) system.
7. **Maintain Accurate Records** - U.S. HealthWorks maintain accurate records and reports for medical tests and examination for seven years in according to state and federal laws and regulations.
8. **Communication** – U.S. HealthWorks policy to have an open communication system via phone, email, fax and or face to face meetings with the local Center Leadership team (CLT) and Village of Oak Park to discuss any clinical, administrative and billing day to day operational needs and questions.
9. **Meeting with Village of Oak Park Staff** – It is a standard practice for the Center Leadership team (CLT) to set up relationship management program (e.g. Quarterly Review meetings). Client Leadership Team (CLT) can perform periodical face to face meeting with Village of Oak Park personal to review the level of medical services (Case reviews) and outcomes.
10. **National Registry Certification Medical Examiners (NRCME)** – Every U.S. HealthWorks medical provider (* Physicians, NP's, & PA's) is listed on the National Registry Certification Medical Examiners (NRCME) as required by DOT regulators for medical certification issuance.
11. **Drug Test / BAT Certification** - Every U.S. HealthWorks staff member goes through an extensive on board training to make sure they are compliant in all aspects of occupational medical services. Periodically U. S. HealthWorks provides on going internal refresher training classes to make sure everyone is compliant on the latest regulations of occupational medical services.

In addition, U.S. HealthWorks perform internal audits on all clinics. We have a Quality Management Department employs dedicated educational and auditing resources to ensure proper staff knowledge of tasks and processes, promoting confidence, efficiency and delivery of quality services. Initial training is done upon hire and as needed, or recertification. The clinics are subject to the following auditing program - ***Comprehensive Facility Compliance and Self-Assessment Audits.***

12. Online Resources & Support – (Please see Attachment “D”) U.S. HealthWorks has an external customer portal – “***CCS***” – ***Client Communications System***, which is a free service that allows our clients to see critical information about their employees in real time. We believe that clear and timely communication between the medical provider, employer and claims manager is the key to helping injured workers get back to work quickly and safely.

- **Activity Summary Report** - Allows the viewing of cases for patients. All appointments (includes: kept, walk-in, cancelled, future) are shown for each case. Drill down reports is available to display work status reports and diagnosis information.
- **Case Status Report** - Summarizes the number of visits for each patient by case.
- **Industrial Injury Case Cost Report** - Summarizes case costs for injury and physical therapy visits by diagnosis

In addition, from our internal **ROCKET** and **AS400** systems, U.S. Healthworks can provide key matrix reports showing injury case outcomes (cost and case duration) base on our medical providers Case Compression Model process.

Reference List

U.S. HealthWorks Medical Group, has experience providing services to other city and village agencies within the Chicago metro area. Listed below are clients U.S. HealthWorks Medical Group are servicing similar to the Village of Oak Park RFP requirements include the on-site staffing of their worksite clinics to injury care, physical examinations, drug and alcohol testing and OSHA and Medical Surveillance services.

- City of Chicago
- Village of Maywood
- Metra Rail
- Village of Franklin Park
- Village of Norridge

*Contact information shall be provided upon the time of contract award.

ATTACHMENT INDEX Sheet

August 26, 2016

Following packet includes:

- Attachment "A" – Bio's
- Attachment "B" – Scope of Services Pricing
- Attachment "C" - Forms and Reports
- Attachment "D" Client Communication System



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ATTACHMENT "A"

Provider Bio's & Staff

August 26, 2016

Bio of the following providers:

Medical Director- Dr. Ramen Singh

Area Therapy Manager- Gary Johnson

Center Manager: Tina Gonzalez

Key Account Specialist: Frank Jackson

Sales Consultant: Catherine Martinez

ATTACHMENT "A"

Raman P. Singh D.O, FAAP

Dr. Singh currently serves as the Clinic Medical Director for our Bellwood US HealthWorks location. He is Board Certified in Pediatrics and Fellowship trained in Primary Care Sports Medicine. After completing his undergraduate degree in Anthropology and Genetics from the University of California, Dr. Singh served as an officer in the United States Air Force for over a decade. He completed his internship and residency at Brooke Army Medical Center in San Antonio, TX and served as a Medical Officer for several years around the globe in both clinical and leadership roles providing care for soldiers and their families. After serving in the Military, Dr. Singh continued his medical education by completing a Fellowship in Primary Care Sports Medicine at Presence Resurrection Medical Center in Chicago.

Due to his training in the military and sports medicine experience, Dr. Singh is equipped to provide for the needs of the industrial athlete, including medical issues, injuries, and illness due to environmental and occupational exposures. In addition, his medical training in Osteopathic Medicine focuses on a holistic approach and enables him to offer osteopathic manipulations, using a hands-on approach to diagnosis, treatment and prevention of illness or injury.

Dr. Singh has served on the medical team for the Chicago Marathon, Tough Mudder, and various sporting events and has served as Team Physician for various high schools and colleges in the Chicago area.

Dr. Singh was born and raised in Northern California and has created a home here in Chicago with his wife and two children. He enjoys biking, hiking and spending time with his family.



We at U.S. HealthWorks strive to provide our patients with the most up-to-date evidenced-based quality treatments to get them back to work and life as quickly as possible. With a foundation based on case compression, our goal is to work with the patient to maximize recovery, restore function, decrease limitations, and increase quality of life as quickly as possible to get them back to their normal routine.

Gary Johnson, MS, OTR/L, CWCE is our Occupational Therapist at the downtown Chicago location and the Area Therapy Services Manager of Illinois. Gary completed his Masters of Science in Occupational Therapy from Washington University in Saint Louis, School of Medicine. His clinical passion for the upper extremity results in positive outcomes while treating many musculoskeletal upper extremity injuries sustained normally from both traumatic and repetitive stress injuries. He has also undergone advanced functional capacity evaluation training in order to provide testing that incorporates the most current assessment and protocol tools and is a Certified Work Capacity Evaluator (CWCE). Gary's strong background in the field of hand rehabilitation incorporates the use of evidence-based, client-centered assessments and interventions to enhance quality of life, decrease barriers, reduce disability, and enable participation in society and the workplace.

Tina Gonzalez

Is the Center Manager with US Healthworks Medical Group. She oversees the Bellwood location, Tina has over 10 years of extensive experience in the health care industry. Specializing in administration, customer service and patient care. Tina is Bilingual in Spanish, her role is a very multi-faceted one where she runs the daily operations of the clinic, as well as continuing communication with existing clients. She looks for opportunities to improve client and patient satisfaction with team efforts, working collectively with Clients, and Medical team.

EDUCATION-

DOT Drug Screen Collection Trainer 2013-2018
DOT Breath Alcohol Trainer
CPR and AED Certification 2013-2015
American Heart Association
Lincoln College of Technology 2008-2009
Registered Medical Assistant
Morton College, Cicero, IL 2004-2007

Frank A. Jackson

Key Account Specialist for U.S. Health Works for Bellwood and Schiller Park Centers. I have over 14 years of marketing and sales experience in the health care industry that includes pharmaceutical and occupational medicine. As the Key Account Specialist, I am responsible for maintaining existing top clients for Bellwood and Schiller Park. I work closely with the Area Managers to ensure a seamless process in resolving any issues brought forward by our clients.

Experience:

U.S. Health Works

MedSpring Urgent Care

InVentiv Health

Advocate Health Care

Education:

Bachelors of Science – Governors State University

Masters of Science – Roosevelt University

Catherine Martinez

Sales Consultant for U.S. Health Works for Bellwood and Downtown. I have over 6 years of marketing and sales experience in the health care industry that includes Pharmaceutical, and Occupational medicine. As the Sales Consultant my role is to develop long term business partnerships, maintain existing ones, and generate creative ideas that will generate additional opportunities to service the local community for Occupational Health.

Experience:

U.S. Health Works

Tenet Healthcare- MacNeal Hospital Occupational & Immediate Care

Quality First Medical Centers

Education:

B.A- Business Management

Certified Pharmaceutical Sales



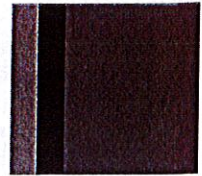
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ATTACHMENT "B"

Price Proposal for services



August 26, 2016

Following price for Employer Services:

- DOT Physicals
- Annual/Pre-Employment Physicals
- Drug and Alcohol Testing
- Vaccinations



DATE: AUGUST 26, 2016

RFP-	CONTACT	SCOPE OF SERVICES	DATE
Occupational Health Services	Julia Valdez	Annual/Pre-employment Exams/Testing/Injury Care	08-26-2016

QTY	*** ANNUAL PRE-EMPLOYMENT EXAMS & TESTING ***	YEAR 1 PRICE	YEAR 2 PRICE
	** RELATED INJURY COST BASED ON STATE SCHEDULING FEE**		
1	*Physical Exam Fit for Duty	\$50	\$50
1	*Physical Exam Non DOT	\$50	\$50
1	*Cardiac Stress Test -Treadmill	\$525	\$525
1	*DS-Urine Drug Screen 10-Panel Non DOT (Lab Base)	\$45	\$45
1	*DS- Urine Drug Screen 5- Panel DOT	\$50	\$50
1	*BAT	\$30	\$30
1	*PE- DOT Physical	\$60	\$60
1	* Vision Test- ISHIHARA	\$20	\$20
1	*Vision Test- TITMUS	\$20	\$20
1	*Questionnaire -Review	\$30	\$30
1	*Questionnaire- Respirator	\$30	\$30
	** Annual/Pre-employment Physical Exams Selection of Services**		
1	• HEP B	\$94	\$94
	• HEP C	\$94	\$94
1	• GLUCOSE	\$17	\$17
1	• PFT	\$45	\$45
1	• Audiogram	\$25	\$25
1	• EKG w/Interpretation	\$50	\$50

	*****LAB Services*****		
1	* LAB- Metabolic Chem Panel	\$35	\$35
1	* LAB- CBC w/ Differential	\$35	\$35
1	*LAB- HEP B TITER Surface Antibody	\$60	\$60
1	*TB Skin Test 2 step	\$25	\$25
1	*LAB- HIV Rapid Test	\$45	\$45
1	*Lipid Profile Blood	\$35	\$35
	*****X-RAY SERVICES*****		
1	*X-Ray Lumbar Back 2V	\$75	\$75
1	*X-Ray 2V Chest	\$85	\$85
1	*X-Ray 2V HIP	\$100	\$100
1	*X-Ray 2V Knee	\$90	\$90
1	*X-Ray 2V Both Shoulders	\$90	\$90
1	*X-Ray 2V Ankle Both	\$70	\$70

DATE: SEPTEMBER 14, 2016

RFP-	CONTACT	SCOPE OF SERVICES	DATE
Occupational Health Services	Julia Valdez	ON-SITE PRICING	09-14-2016

QTY	*** PRICING FOR ON-SITE SERVICES ***	YEAR 1 PRICE	YEAR 2 PRICE
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1 ****On-site Fee DOT Physicals per Provider need****

1	• ONSITE FEE (charge for 2 hrs min)	\$65/hr	\$65/hr
1	• ONSITE FEE – MD	\$225/hr	\$225/hr
1	• ONSITE FEE – NURSING	\$65/hr	\$65/hr
1	• ONSITE FEE - PA/NP	175/hr	175/hr
1	• ONSITE FEE – PT	\$150/hr	\$150/hr

*****On-site Fee for After-Hours Services includes:**

STAT Urine Drug Screen (UDS) and Breath Alcohol Test (BAT)

- \$250 Flat Fee (Collection Only)
- \$35.00 Each Additional Hour (if required)***

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U.S. HEALTHWORKS MEDICAL GROUP

A Leading Provider of Occupational Medicine

Q: What does U.S. HealthWorks do? Customers send U.S. HealthWorks their injured workers for medical treatment and U.S. HealthWorks helps the employer clients manage their workers' compensation cost by effectively treating that worker.

Q: Where is U.S. HealthWorks located? There are currently more than 200 medical centers in 20 states: AK, AZ, CA, FL, GA, IL, IN, KS, KY, ME, MN, MO, NJ, NC, OH, PA, TN, TX, WA and WI. U.S. HealthWorks Medical Group continues to expand and add new medical clinics throughout the country.

Q: How big is U.S. HealthWorks? The company is a major operator of outpatient occupational health clinics in the United States. It is the largest operator in California and Washington and the second largest in Arizona, Florida, New Jersey and Texas. U.S. HealthWorks treats over 13,000 patients a day.

Q: What services does U.S. HealthWorks provide? U.S. HealthWorks provides a full range of occupational medicine services including diagnosis and treatment of work-related injuries and illnesses and various employment-related physicals, drug screens and other medical testing services.

Q: Why choose U.S. HealthWorks?

- U.S. HealthWorks is a leading provider of occupational medicine.
- Cases are managed in a medically-appropriate manner to ensure that injured workers get treated quickly and correctly so cases close timely, reducing overall costs and lost work time. **The majority of cases close within 30 days** of the patient's initial visit.
- All providers are conveniently located at the centers, minimizing transportation costs and travel time for injured workers.
- Clients have 24/7 online access to patient information, minimizing the amount of administrative hours and associated costs of tracking down reports.
- ~~Focus is on prompt treatment, modified duty (where applicable), rapid return-to-work, and aggressive case management.~~
- U.S. HealthWorks is a member of most major PPO networks and accepts most insurance plans.



OUR MISSION: Help patients recover quickly & reduce overall costs to employers by providing the right care, right away



U.S. HEALTHWORKS SERVICES

Injury Care/Medical Treatment:

- Injury & Illness Diagnosis & Treatment
- Pharmacy Dispensing
- Radiology
- Case Management
- IME/QME

Physical Testing:

- Post Offer Physicals
- DOT Physicals
- Executive Physicals
- HAZMAT Compliance Physicals
- OSHA Compliance Exams
- Return-to-Work Exams
- Immigration Physicals
- Pulmonary Function Testing (PFT)
- Respirator Clearance
- Mask Fit Testing
- Stress Testing/Treadmill
- EKG Testing
- EMG Testing
- Audiometric Screening
- Vision Screening

Drug Screen Testing:

- DOT & non-DOT Drug Testing
- Instant Drug Testing
- Drug Screen Collection
- Breath Alcohol Testing (BAT)
- Post Accident Drug & Alcohol Testing
- Random Drug & Alcohol Testing

Therapy Services:

- Physical Rehabilitation
- Occupational Therapy
- Ergonomic Assessment & Training
- Physical Abilities Testing (PAT)
- Chiropractic

Additional Services:

- Acupuncture
- Immunizations
- Medical Surveillance
- Travel Medicine
- Worksite Services
- National MRO Services





INSTANT DRUG TESTING

Convenient, One-step Screening with
Rapid & Reliable Results

Benefits of Instant Drug Testing:

- Reduces testing costs: Lower "per test cost" by using our own labs and Medical Review Officers (MROs)
- Shortens hiring cycle: Eliminate 2-3 day delays in hiring prospective employees
- Increases worker productivity: Reduces testing time allowing placement of employees into productive positions
- Reduces employment costs: Decrease absenteeism due to substance abuse

Instant Drug Testing Services Include:

- Results within hours (for negative results)
- All "non-negative" results are confirmed with laboratory testing at no additional cost within 2-3 working days
- Proven laboratory accuracy
- FDA approved
- Specimen collection, drug test and medical review of positive laboratory results all included
- Certified National MROs available

We also offer:

- Federally mandated (DOT) testing
- Breath Alcohol Testing (BAT)

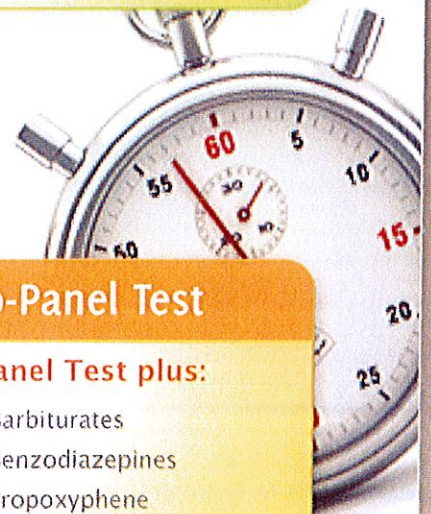
5-Panel Test

1. Cocaine Metabolites
2. Marijuana Metabolites
3. Phencyclidine (PCP, Angel Dust)
4. Amphetamines, Methamphetamines (Speed)
5. Opiates (Codeine, Morphine, Heroin)

10-Panel Test

5-Panel Test plus:

6. Barbiturates
7. Benzodiazepines
8. Propoxyphene
9. Oxycodone
10. MDMA (Ecstasy)



For more info, contact your U.S. HealthWorks
representative or our Drug Testing Program:

National Medical Review Office
(800) 340-3810

U.S. HealthWorks™
MEDICAL GROUP
The Right Care, Right Away
www.ushealthworks.com

Physical Abilities Test: Return-To-Work and Post Injury

What is a Physical Abilities Test (PAT)?

A Return-To-Work Physical Abilities Test (RTW-PAT) or a Post Injury Physical Abilities Test (Pi-PAT) are functional capacity assessments that enable the employer, physical/occupational therapist and physician to more effectively determine if an injured worker can safely return to the work environment. The tests are tailored to match the essential functions and physical demands of a specific job and are conducted by a Physical Therapist. Central to these functional capacity assessments is a review of the job description and if needed, an analysis of the worksite to review the physical demands and essential functions of the specific job classification and to guarantee the test is ADA compliant.

The standard U.S. HealthWorks protocol for a PAT includes grip strength, static push and push strength, dynamic lifting at specified heights and frequencies, and a carry component. To further test an employee's work abilities, positional work tolerances and aerobic capacity testing can be incorporated into a PAT.

Benefits of a PAT

- The result of a PAT allows informed decisions to be made regarding return-to-work or modified duty, reducing the risk of re-injury
- When used as a return-to-work assessment, a PAT provides assurance to the employers, payor and the employee that the employee is ready to resume work following an injury
- Achieves work stability while avoiding additional costs for medical care and lost work time
- The results of a PAT are reported within 24 hours of the test, providing the information to confidently make a return-to-work decision



For More Information

For a demonstration of a Physical Abilities Test, or for more information on the associated benefits, contact your U.S. HealthWorks representative.

PHYSICAL THERAPY



Physical Abilities Test: Return-To-Work and Post Injury

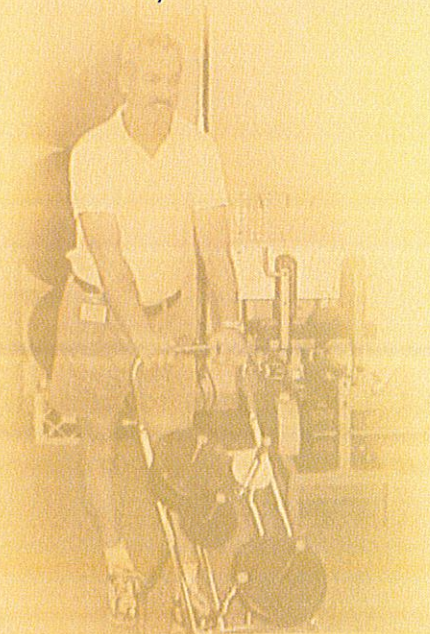
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For More Information

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PHYSICAL THERAPY



IN CASE OF INJURY OR ILLNESS

SEND EMPLOYEE TO



- 1 BELLWOOD**
(708) 493-0299
2615 W Harrison St
Bellwood, IL 60104
Mon-Fri: 7 am - 7 pm
Sat: 8 am - 12 pm
- 2 CHICAGO**
(312) 258-0700
614 W Monroe St
Chicago, IL 60661
Mon-Fri: 7 am - 7 pm
Sat: 8 am - 12 pm
- 3 SCHILLER PARK**
(847) 801-5170
4200 N Mannheim Rd
Schiller Park, IL 60176
Mon-Fri: 7 am - 7 pm
Sat: 8 am - 12 pm

EN CASO DE LESIÓN O ENFERMEDAD

ENVIE AL EMPLEADO A



- 1 BELLWOOD**
(708) 493-0299
2615 W Harrison St
Bellwood, IL 60104
Lun-Vie: 7 am - 7 pm
Sab: 8 am - 12 pm
- 2 CHICAGO**
(312) 258-0700
614 W Monroe St
Chicago, IL 60661
Lun-Vie: 7 am - 7 pm
Sab: 8 am - 12 pm
- 3 SCHILLER PARK**
(847) 801-5170
4200 N Mannheim Rd
Schiller Park, IL 60176
Lun-Vie: 7 am - 7 pm
Sab: 8 am - 12 pm

ATTACHMENT "C"

Forms & Reports

August 26, 2016

Following forms used for intake treatment and Authorization:

- Authorization form
- Drug Test Intake Form
- Invoice Sample
- Case Cost Report
- Certificate of Insurance
- Notarized Documents/EEO1 REPORT

TREATMENT AUTHORIZATION



AUT

U.S. HealthWorks
MEDICAL GROUP

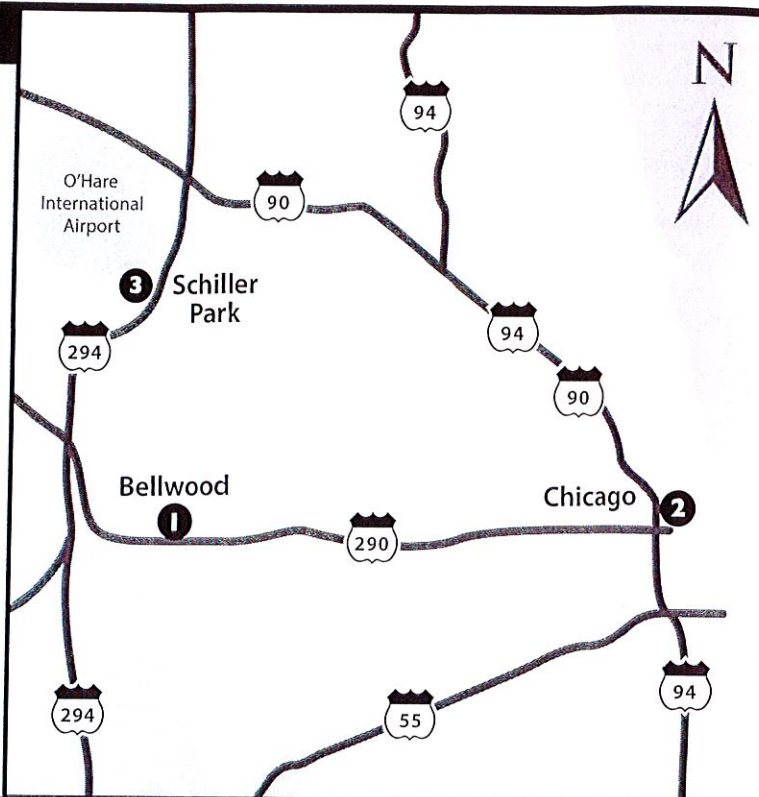
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We are authorizing the below listed U.S. HealthWorks(s) to provide treatment to our employees. By doing so, we acknowledge that if the claim is denied by our insurance carrier, we will notify USHW of the denial and will be responsible for payment for all services rendered and any medically-necessary items

CHICAGO AREA

- 1 BELLWOOD** (M-F 7 am - 7 pm, Sat 8 am - 12 pm)
2615 W Harrison St, Bellwood, IL 60104
Ph: (708) 493-0299 Fx: (708) 493-0594
- 2 CHICAGO** (M-F 7 am - 7 pm, Sat 8 am - 12 pm)
614 W Monroe St, Chicago, IL 60661
Ph: (312) 258-0700 Fx: (312) 258-0705
- 3 SCHILLER PARK** (M-F 7 am - 7 pm, Sat 8 am - 12 pm)
4200 N Mannheim Rd, Schiller Park, IL 60176
Ph: (847) 801-5170 Fx: (847) 801-5176

Company Name _____ Employer # _____
Primary Contact Name _____
Address Line 1 _____
City _____ State _____ Zip _____
Ph _____ Fx _____
Ph (after hrs/cell) _____ Email _____



EMPLOYEE DETAILS

PATIENT NAME: _____ DATE: _____ TIME: _____ AM / PM
DEPARTMENT: _____ POSITION: _____
DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? ☐ YES ☐ NO NAME OF TEMP AGENCY: _____
AUTHORIZED BY: NAME (print): _____ PHONE: _____
TITLE: _____ AFTER HRS / CELL PHONE: _____
SIGNATURE: _____ () VERBAL AUTHORIZATION

INSURANCE

INSURANCE COMPANY NAME: _____
CLAIMS ADDRESS: _____
PHONE: _____ EFFECTIVE DATE: _____
POLICY #: _____ EXPIRATION DATE: _____

SERVICES

☐ INJURY: DATE OF INJURY: _____ LAST WORKED: _____
INJURED BODY PART: _____ CLAIM #: _____
☐ RETURN-TO-WORK EVALUATION: _____
☐ PHYSICAL EXAM TYPE: _____ PROTOCOL #: _____
☐ DRUG/ALCOHOL TEST - specify type and reason/purpose below: PROTOCOL #: _____
TYPE: ☐ DOT DRUG TEST ☐ DOT BREATH ALCOHOL TEST REASON/PURPOSE: ☐ PRE-EMPLOYMENT ☐ RANDOM
Agency (required): _____ ☐ REASONABLE SUSPICION ☐ POST-ACCIDENT
☐ NON-DOT DRUG TEST ☐ NON-DOT BREATH ALCOHOL TEST ☐ RETURN TO DUTY ☐ FOLLOW UP
☐ INSTANT DRUG TEST ☐ POST-INJURY

Perform test before Date: _____

Time: _____

AM / PM

* PICTURE ID REQUIRED FOR DRUG TEST



DRUG TEST REPORT

CONFIDENTIAL

Donor: _____

Social Security #: _____ - _____ - _____ Specimen #: _____

Employer: _____

Job Position: _____

Type of Test: ☐ Pre-Placement ☐ Post-Injury ☐ Reasonable Suspicion

☐ Post-Accident ☐ Other: _____

Collector: _____ Collection Date: _____

Certified Laboratory: _____

I hereby certify that I have reviewed the laboratory report on the specimen provided and after adequate verification, my final determination and report on this specimen is:

☐ NEGATIVE ☐ POSITIVE for the following substances

<input type="checkbox"/> Propoxyphene	<input type="checkbox"/> Morphine
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Phencyclidine (PCP)
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Amphetamines
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines
<input type="checkbox"/> Methadone	<input type="checkbox"/> Cannabinoids (THC)
<input type="checkbox"/> Methaqualone	<input type="checkbox"/> Other: _____

Comments: _____

Reported to: _____

Reviewing Physician

Name: _____

Signature: _____ Date: _____



TO BETTER ASSESS YOUR HEALTH CONDITION AND ITS IMPACT IN THE RESOLUTION OF YOUR CONDITION, PLEASE ANSWER ALL THE QUESTIONS BELOW. CIRCLE ANY SPECIFIC ITEMS IN EACH SECTION THAT APPLY TO YOU AND EXPLAIN ANY YES ANSWERS IN THE SPACE AT THE BOTTOM OF THE PAGE.
PARA EVALUAR MEJOR SU SALUD Y SU EFECTO EN LA RESOLUCIÓN DE SU ENFERMEDAD, POR FAVOR CONTESTE TODAS LAS PREGUNTAS QUE SIGUEN. MARQUE CON UN CÍRCULO CUALQUIER CONDICIÓN QUE APLIQUE EN SU CASO Y EXPLIQUE CADA UNO EN LA PARTE BAJA DE ESTA PÁGINA.

PAST MEDICAL, FAMILY AND SOCIAL HISTORY				ANTECEDENTES MÉDICOS, FAMILIARES Y SOCIALES			
1	No	Yes/Si	Have you ever had any medical allergies? <i>¿Alguna vez ha sufrido de alergias médicas?</i>	5	No	Yes/Si	Have you worked in hazardous environments? Is so, describe. <i>¿Ha trabajado en ambientes peligrosos? Por favor, describa.</i>
2	No	Yes/Si	Have you ever had recurrent illnesses or major injuries? <i>¿Ha sufrido de enfermedades/ lesiones importantes?</i>	6	No	Yes/Si	Have you suffered any work-related injuries/illnesses? <i>¿Ha sufrido alguna vez una lesión o enfermedad en el trabajo?</i>
3	No	Yes/Si	Do you currently have a chronic illness such as: • High blood pressure, heart disease, stroke • Diabetes, thyroid disease, liver disease, kidney disease • Mental illness, seizures or movement disorders? <i>¿Sufrir usted de alguna enfermedad crónica como:</i> • Presión alta, enfermedades del corazón, trombosis, • Diabetes, enfermedades de la tiroides, hígado o riñones, • Enfermedades mentales, convulsiones o movimientos involuntarios?	7	No	Yes/Si	Do you have any permanent disabilities? <i>¿Sufrir usted de alguna incapacidad permanente?</i>
				8	No	Yes/Si	Have any of your direct relatives suffered from blood diseases, cancer, leukemia, diabetes, heart disease, high blood pressure, strokes, mental illnesses or other? <i>¿Han sufrido sus familiares directos de enfermedades como presión alta, diabetes, enfermedades del corazón, ataques, convulsiones, enfermedades del hígado o riñones, o enfermedades mentales?</i>
4	No	Yes/Si	Currently on any medications? If YES, list medications and dosage below. <i>¿Toma alguna medicina? Liste las medicinas y dosis abajo.</i>	9	No	Yes/Si	Do you use tobacco in any way? If "Yes" state type and quantity per day. <i>¿Usa usted algún tipo de tabaco? ¿Si lo hace, indique tipo y cantidad diaria?</i>
	No	Yes/Si	Have you ever had hospitalizations or surgeries? <i>¿Alguna vez ha tenido hospitalizaciones u operaciones?</i>		No	Yes/Si	Do you consume alcohol? If YES, state type and quantity. <i>¿Consumir bebidas alcohólicas? Si responde Si, indique tipo y cantidad.</i>
REVIEW OF SYSTEMS / REVISIÓN DE SISTEMAS							
HAVE YOU HAD, OR COMMONLY HAVE ANY OF THE FOLLOWING? / ¿HA PRESENTADO USTED, O COMUNMENTE PRESENTA ALGUNA DE LAS SIGUIENTES CONDICIONES?							
10	No	Yes/Si	CONSTITUTIONAL Fever, chills, fatigue, body aches or weight gain or loss? <i>FIEBRE, escalofríos, fatiga dolor en el cuerpo o cambios significativos de peso?</i>	17	No	Yes/Si	SKIN Skin diseases or problems like color changes, cancer, tumors, cysts or other? <i>¿Enfermedades de piel como manchas cáncer, tumores, quistes u otros?</i>
11	No	Yes/Si	HEAD Trauma, injuries, or frequent or severe headaches? <i>¿Golpes, lesiones o dolores de cabeza severos o seguidos?</i>	18	No	Yes/Si	EYES Trauma, injuries, infections, pain, burning, itching or light sensitivity? <i>¿Trauma, lesiones, infección, dolor, picazón, quemazón o sensibilidad a la luz?</i>
12	No	Yes/Si	CARDIOVASCULAR Palpitations, shortness of breath, chest pain/pressure, swelling in legs/feet? <i>¿Palpitaciones, dificultad para respirar, dolor en el pecho, hinchazón en piernas o pies?</i>	19	No	Yes/Si	GENITOURINARY Blood in urine, painful/frequent urination, kidney stones, venereal diseases? <i>¿Orina con sangre o dolor, orina frecuente, cálculos de riñón, enfermedades venéreas?</i>
13	No	Yes/Si	EARS, NOSE, THROAT Ear, nose or throat problems such as decreased hearing, pain, hoarseness, sinus problems, etc? <i>¿Problemas de oído, nariz o garganta como sordera, dolor, ronquera, sinusitis, etc?</i>	20	No	Yes/Si	MUSCULOSKELETAL Joint pain, neck or back pain, broken bones? <i>¿Dolor en las articulaciones, dolor en la espalda o el cuello, fracturas?</i>
				21	No	Yes/Si	ENDOCRINE Increased appetite or thirst, increased urination, hair loss, osteoporosis? <i>¿Aumento de la sed, apetito u orina, pérdida del cabello, osteoporosis?</i>
14	No	Yes/Si	RESPIRATORY Asthma, frequent coughing, bronchitis, tuberculosis or coughing of blood? <i>¿Asma, tos frecuente, bronquitis, tuberculosis, tos con sangre?</i>	22	No	Yes/Si	NEUROLOGICAL Dizziness, muscle weakness, numbness? <i>¿Mareos o vértigo, debilidad muscular, falta de sensación?</i>
15	No	Yes/Si	GASTROINTESTINAL Abdominal problems such as pain, reflux, nausea, vomiting, ulcers, black stools, diarrhea, constipation, hemorrhoids, diverticulitis, liver disease? <i>¿Dolor abdominal, indigestión o reflujo, náusea o vómitos, vómitos o heces con sangre, constipación, diarrea, úlceras digestivas, diverticulitis?</i>	23	No	Yes/Si	FOR WOMEN ONLY Painful or irregular menstruation, vaginal discharge or pain? Are you pregnant? Last menstrual period? <i>¿Menstruación o períodos dolorosos o irregulares, secreciones o dolor vaginal? ¿Esta embarazada? Último periodo menstrual:</i>
16	No	Yes/Si	BLOOD DISORDERS, CANCER Anemia, spontaneous or easy bleeding, bruising, cancer? <i>¿Anemia, moretones, sangramiento espontáneo, cáncer?</i>	24	No	Yes/Si	FOR MEN ONLY Penile discharge, prostate problems, genital pain or masses? <i>¿Secreciones en el pene, problemas de próstata, dolor o masas genitales?</i>
PLEASE WRITE THE NUMBER OF ANY "YES" ANSWERS ABOVE AND EXPLAIN EACH ONE OF THEM HERE. Por favor, escriba aquí el número de las preguntas en las cuáles haya contestado que Sí y explíquelas a continuación.				PROVIDER COMMENTS			
I certify that the information provided above is correct. (Certifico que la información suministrada es correcta.) Patient Signature (Firma del Paciente): _____ Date (Fecha): _____				□ Relevant history was discussed with patient. □ Advised to follow up with personal physician. Provider Signature: _____			

IF ID LABELS ARE USED, AFFIX HERE AND DO NOT COVER ANY OF THE TEXT ABOVE.

WC HEALTH HISTORY

U.S. HealthWorks
MEDICAL GROUP

Employee Work Status Report

U.S. HealthWorks of Illinois
Bellwood Medical Center
2615 West Harrison
Bellwood IL 60104
Phone: (708) 493-0299
Fax: (708) 493-0594

Date _____ Name of Injured Employee _____ DOI _____ Name of Company _____

Please call _____ at Ph # _____ with report after treatment.
Company Representative

☐ Contacted ☐ Unable to reach ☐ Other _____ Initials _____

Check In Time: _____

Diagnosis: _____

X-rays/Results: _____

Treatment: _____

☐ Ice / ☐ Heat on: _____
_____ times/day for _____ minutes

Referral: _____

Comments: _____

Check Out Time: _____

☐ Off Work Until: _____

May return to work on: _____

☐ with no restrictions

OR

☐ with the following restrictions:

☐ No lifting more than _____ lbs. (Floor-to-Waist)

☐ No lifting more than _____ lbs. (Waist-to-Shoulder)

☐ No forceful pushing or pulling

☐ No bending or stooping

☐ No kneeling or squatting

☐ No climbing stairs or ladders

☐ No work at heights, driving or use of hazardous machinery

☐ No prolonged walking or standing. Predominantly sitting work

☐ Sitting work only

☐ No reaching or overhead work

☐ Needs to be able to alternate sitting and standing periodically.

☐ Avoid exposure to irritants (dust, solvents, etc.)

☐ No repetitive hand/wrist motion L R

Additional restrictions _____

Work status and restrictions are effective as of today and through the employee's next appointment unless otherwise noted.

Next Office Visit:

Next Therapy Visit:

Next Specialty Visit:

Physician's Name _____
PLEASE PRINT

Signature _____

www.ushealthworks.com

THIS FORM MUST BE RETURNED TO SUPERVISOR IMMEDIATELY AFTER VISIT

Getting the injured back to work QUICKLY



CASE COMPRESSION THAT WORKS!

What is CASE COMPRESSION?

It is our aim to **REDUCE** lost work time and costs by intensively treating the injured worker in order to get him back to work safely and quickly.

Our providers **specialize in Occupational Medicine**. We are experts in the field, and our proven approach delivers the outcomes you need for a full and productive workforce.

We only prescribe treatment that is necessary to heal the injury, and we **return employees to work satisfied** because they've had the best possible medical care.

And, to facilitate case management, we communicate regularly with you about the patient's recovery process and provide **FREE customized reporting** via our online portal so that you can view work status and notes at your convenience.

At U.S. HealthWorks, we focus on:

- Getting cases closed within 30 days
- Intensive treatment at onset of injury
- Timely follow-up care to ensure healing
- Close monitoring by medical team
- Referral for therapy services or specialty care as needed
- Fast & appropriate case management so patients return to pre-injury status quickly



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/12/2016

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 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 InterWest Insurance Services License #0B01094 222 Court Street Woodland CA 95695		CONTACT NAME: Michelle Goodwin, CIC, CISR, CPSR PHONE (A/C, No, Ext): 831-635-2247 FAX (A/C, No): 831-638-6801 E-MAIL ADDRESS: mgoodwin@iwins.com															
INSURED USHEA-1 U.S. Healthworks Medical Group of Illinois, P.C. 25124 Springfield Ct., Ste 200 Valencia CA 91355		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Liberty Mutual Fire Ins Co</td><td>23035</td></tr><tr><td>INSURER B : Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER C : Safety National Casualty Corp</td><td>15105</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Liberty Mutual Fire Ins Co	23035	INSURER B : Liberty Insurance Corporation	42404	INSURER C : Safety National Casualty Corp	15105	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																	
INSURER E :																	
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER: 499364864

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	TB2691450294035	9/1/2015	9/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		Y	AS2691450294045	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			TH7691450294055	9/1/2015	9/1/2016	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	Y	LDC4042721	9/1/2015	9/1/2016	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured as required by written contract per the attached endorsement
Re: Occupational Health Services

CERTIFICATE HOLDER

CANCELLATION *10 days notice for non payment

Village of Oak Park 123 Madison Oak Park IL 60302	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 <i>Michelle Goodwin</i>
---	--

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

WHERE A WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS IS REQUIRED BY WRITTEN CONTRACT, SUCH ADDITIONAL ENTITIES SHALL BE CONSIDERED AUTOMATICALLY SCHEDULED BY THE COMPANY.

INDIVIDUALLY SCHEDULED WAIVERS SHALL NOT BE CONSTRUED TO OVERRIDE NOR NEGATE THIS BLANKET WAIVER.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 09/01/2015

Policy No. LDC4042721

Endorsement No.

Insured U.S. HEALTHWORKS HOLDING COMPANY, INC.

Premium \$ Included

Insurance Company Safety National Casualty Corporation

Countersigned By _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

C OMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
As Required By Written Contract	As Required By Written Contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

This endorsement is executed by the

Premium N/A

Effective Date 09/01/15-16

For attachment to Policy No. TB2691450294035

Audit Basis

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

As Required By Written Contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

V. PROPOSAL FORM

The undersigned proposes to furnish Occupational Health Services for the Village of Oak Park as follows:

Fee for Specified Work: – Defined in Price Proposal (Attach)

Hourly Rate(s) for Specified Work – Specify below

\$ _____

\$ _____

\$ _____

Other Pricing - Specify below

\$ _____

\$ _____

\$ _____

Proposal Signature: _____

State of _____), County of _____)

Dean Shoucair, DO, being first duly sworn on oath deposes and says that the Contractor on the above Proposal is organized as indicated below and that all statements herein made on behalf of such Contractor and that their deponent is authorized to make them, and also deposes and says that deponent has examined and carefully prepared their proposal from the Contract Specifications and has checked the same in detail before submitting their Proposal; that the statements contained herein are true and correct.

Signature of Contractor authorizes the Village of Oak Park to verify references of business and credit at its option.

Signature of Contractor shall also be acknowledged before a Notary Public or other person authorized by law to execute such acknowledgments.

U.S. HealthWorks Medical Group of Illinois, PC

Organization Name

(Seal - If Corporation)

By: _____

Dean Shoucair

Dated: _____

8/24/2016

Authorized Signature

25124 Springfield Court, Suite 200, Valencia, CA 91355

Address

(708) 493-0299

Telephone

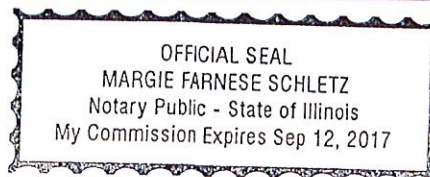
Dean.Shoucair@USHWorks.com

E-mail

Subscribed and sworn to before me this _____

24 day of Aug, 2016.

Margie Farnese Schletz
Notary Public



VI. COMPLIANCE AFFIDAVIT

I, Dean Shoucair, DO being first duly sworn on oath depose and state as follows:
(Print Name)

1. I am the (title) President of the Proposing Firm and am authorized to make the statements contained in this affidavit on behalf of the firm;
2. The Proposing Firm is organized as indicated on Exhibit A to this Affidavit, entitled "Organization of Proposing Firm," which Exhibit is incorporated into this Affidavit as if fully set forth herein;
3. I have examined and carefully prepared this proposal based on the request and verified the facts contained in the proposal in detail before submitting it;
4. I authorize the Village of Oak Park to verify the Firm's business references and credit at its option;
5. Neither the Proposing Firm nor its affiliates¹ are barred from proposing on this project as a result of a violation of 720 ILCS 5/33E-3 or 33E-4 relating to bid rigging and bid rotating, or Section 2-6-12 of the Oak Park Village Code relating to "Proposing Requirements".
6. Neither the Proposing Firm nor its affiliates is barred from contracting with the Village of Oak Park because of any delinquency in the payment of any debt or tax owed to the Village except for those taxes which the Proposing Firm is contesting, in accordance with the procedures established by the appropriate revenue act, liability for the tax or the amount of the tax. I understand that making a false statement regarding delinquency in taxes is a Class A Misdemeanor and, in addition, voids the contract and allows the Village of Oak Park to recover all amounts paid to the Proposing Firm under the contract in civil action.
7. I am familiar with Section 13-3-2 through 13-3-4 of the Oak Park Village Code relating to Fair Employment Practices and understand the contents thereof; and state that the Proposing Firm is an "Equal Opportunity Employer" as defined by Section 2000(E) of Chapter 21, Title 42 of the United States Code Annotated and Federal Executive Orders #11246 and #11375 which are incorporated herein by reference. **Also complete the attached EEO Report or Submit an EEO-1.**
8. All statements made in this application are true and correct.

Signature: Dean Shoucair

Printed Name Dean Shoucair, DO

Name of Business: U.S. HealthWorks Medical Group of Illinois, PC Your Title: President

Business Address: 25124 Springfield Court, Suite 200, Valencia, CA 91355

(Number, Street, Suite #)

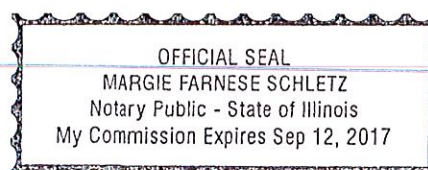
(City, State & Zip)

Telephone: (708) 493-0299 Fax: _____

Web Address: _____

Subscribed to and sworn before me this 24 day of Aug, 2016

Margie Farnese Schletz
Notary Public



¹ Affiliates means: (i) any subsidiary or parent of the bidding or contracting business entity, (ii) any member of the same unitary business group; (iii) any person with any ownership interest or distributive share of the bidding or contracting business entity in excess of 7.5%; (iv) any entity owned or controlled by an executive employee, his or her spouse or minor children of the bidding or contracting business entity.

VII. ORGANIZATION OF PROPOSING FIRM
(Complete Applicable Paragraph Below)

(a) **Corporation:** The Service Provider is a corporation, operating under the legal name of U.S. HealthWorks Medical Group of Illinois, PC, is organized and existing in good standing under the laws of the State of Illinois and is authorized to conduct business in the State of Illinois. The full names of its Officers are:

President Dean Shoucair, DO

Secretary Joseph Mallas

Treasurer Dean Shoucair, DO

The Name and Address of its Registered Agent is: U.S. HealthWorks Medical Group of Illinois, PC
(Name)

25124 Springfield Court, Suite #200 Valencia, CA 91355
(Number, Street, Suite #) (City, State & Zip)

The corporation has a corporate seal. (In the event that this proposal is executed by a person other than the President, attach hereto a certified copy of that section of Corporate By-Laws or other authorization by the Corporation that permits the person to execute the offer for the corporation.)

(b) **Partnership:** The Service Provider is a Partnership operating under the name _____

The following are the names, addresses and signatures of all partners:

Name Signature	Address	
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary.) If so, check here _____.

If the partnership does business under an assumed name, the assumed name is _____ which is registered with the Cook County Clerk and the partnership is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

(c) **Sole Proprietor:** The Service Provider is a Sole Proprietor. If the Vendor does business under an Assumed Name, the Assumed Name is _____, which is registered with the Cook County Clerk. The Vendor is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

(d) **Affiliates:** The name and address of any affiliated entity of the business, including a description of the affiliation: _____

~~The name and address of any affiliated person of the business entity, including a description of the affiliation.~~ _____

Signature of Owner

VIII. VILLAGE OF OAK PARK EQUAL EMPLOYMENT OPPORTUNITY REPORT

Please fill out this form completely. Failure to respond truthfully to any questions on this form, failure to complete the form or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this proposal. For assistance in completing this form, contact the Finance Department at 708-358-5470. **An EEO-1 Report may be submitted in lieu of this report**

1. Vendor Name: _____
2. Check here if your firm is:
 _____ MBE _____ WBE _____ DBE _____ None of the above
3. What is the size of the firm's current stable work force?
 _____ Number of full-time employees _____ Number of part-time employees
4. Similar information will be requested of all subcontractors working on this contract. Forms will be furnished to the lowest responsible bidder with the notice of contract award, and these forms must be completed and submitted to the Village before the execution of the contract by the Village.

EEO REPORT (An EEO-1 Report may be submitted in lieu of this report)

Please fill out this form completely. Failure to respond truthfully to any questions on this form, or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this proposal. An incomplete form will disqualify your proposal. For assistance in completing this form, contact the Finance Department at 708-358-5471.

Job Categories	Total Employees	Total Males	Total Females	Males				Females				Total Minorities
				Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	
Officials & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Semi-Skilled												
Laborers												
Service Workers												
TOTAL												
Management Trainees												
Apprentices												

This completed and notarized report must accompany your bid. It should be attached to your Affidavit of Compliance. Failure to include it with your bid will be disqualify you from consideration.

_____, being first duly sworn, deposes and says that he/she is
 _____ of _____ Person Making _____ Affidavit
 (Name of _____)
 (Title or Officer) _____
 of _____ and that the above EEO Report information is true and accurate and is submitted with the intent that it be relied upon.
 Subscribed and sworn to before me this _____ day of _____, 2016.

END OF PROPOSAL

MATRIX:

2015 OCCUPATIONAL HEALTH SERVICES

PROVIDED BY LOYOLA OCCUPATIONAL HEALTH

Password retrieved

Certified 11/09/15

CO= T603462
U= T603462

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
CONSOLIDATED REPORT - TYPE 2

SECTION B - COMPANY IDENTIFICATION

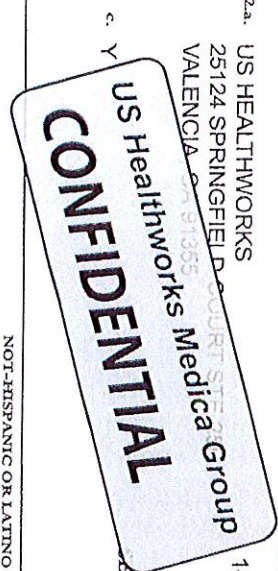
1. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

2a. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

1-Y 2-N 3-N DUNS NO.: 0 EIN : 582420844

SECTION C - TEST FOR FILING REQUIREMENT

SECTION D - EMPLOYMENT DATA



NAICS:

SECTION E - ESTABLISHMENT INFORMATION

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS
	MALE	FEMALE	***** MALE *****								***** FEMALE *****				
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR OFFICIALS & MGRS	0	2	9	1	0	1	0	0	13	0	0	1	0	0	27
FIRST/MID OFFICIALS & MGRS	10	36	36	5	0	6	0	0	121	18	0	11	1	1	245
PROFESSIONALS	35	16	297	29	1	67	1	9	239	30	1	58	0	7	790
TECHNICIANS	84	50	45	8	4	16	2	5	112	20	1	4	1	2	354
SALES WORKERS	7	17	42	3	0	0	0	1	62	8	0	4	0	1	145
ADMINISTRATIVE SUPPORT	56	431	19	9	6	26	0	6	317	113	9	71	8	26	1097
CRAFT WORKERS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	53	151	50	14	5	16	0	2	157	42	6	23	6	10	535
TOTAL	245	703	498	69	16	132	3	23	1022	231	17	172	16	47	3194
PREVIOUS REPORT TOTAL	196	623	434	62	11	114	2	13	946	223	17	163	15	36	2855

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 08/10/2015 THRU 08/23/2015
SECTION G - CERTIFICATION
CERTIFYING OFFICIAL: JAMIE SMITH
EEO-1 REPORT CONTACT PERSON: JAMIE SMITH
EMAIL: JAMIE.SMITH@USHWORKS.COM

TITLE: HUMAN RESOURCES DIRECTOR
TITLE: VP EMPLOYEE RELATIONS
TELEPHONE NO: 6789422042

CO= T603462
u= T603462

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
HEADQUARTERS REPORT - TYPE 3

SECTION B - COMPANY IDENTIFICATION

1. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

2a. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

c. y LOS ANGELES COUNTY

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-N 3-N DUNS NO.:0 EIN :582420844

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 621399 Offices of All Other
Miscellaneous Health Practitioners

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS
	MALE	FEMALE	***** MALE *****						***** FEMALE *****						
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR. OFFICIALS & MGRS	0	1	6	1	0	1	0	0	8	0	0	0	0	0	17
FIRST/MID OFFICIALS & MGRS	1	1	8	1	0	0	0	0	4	3	0	2	0	0	20
PROFESSIONALS	5	3	14	2	0	8	0	1	10	5	0	9	0	0	57
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	1	1	0	0	0	0	0	1	0	0	1	0	0	4
ADMINISTRATIVE SUPPORT	3	11	7	1	1	8	0	1	24	2	0	4	0	1	63
CRAFT WORKERS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	9	17	36	5	1	17	0	2	48	10	0	16	0	1	162
PREVIOUS REPORT TOTAL	7	12	25	2	1	12	0	2	50	8	0	16	0	0	135

SECTION F - REMARKS

CO= T603462
U= CM55642

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

2a. U.S. HEALTHWORKS-REG BILLING OFFICE
28035 AVENUE STANFORD WEST
VALENCIA, CA 91355

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-N 3-N DUNS NO.:0 EIN :582420844

LOS ANGELES COUNTY
C. Y

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 621399 Offices of All Other
Miscellaneous Health Practitioners

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS											
	MALE	FEMALE	***** MALE *****						***** FEMALE *****																	
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES												
EXECUTIVE / SR OFFICIALS & MGRS	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
FIRST / MID OFFICIALS & MGRS	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADMINISTRATIVE SUPPORT	7	32	3	2	4	7	0	0	0	31	4	0	13	0	3	4	0	0	0	0	3	4	0	13	0	106
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	7	33	4	2	4	7	0	0	0	33	4	0	13	0	3	4	0	0	0	3	4	0	13	0	0	110
PREVIOUS REPORT TOTAL	9	31	4	2	3	11	0	0	0	42	5	0	16	1	3											127

SECTION F - REMARKS

CO= T603462
U= DN95985

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

2. US HEALTHWORKS-FIELD
25124 SPRINGFIELD COURT
VALENCIA, CA 91355

LOS ANGELES COUNTY
C. Y

SECTION C - TEST FOR FILING REQUIREMENT
1-Y 2-N 3-N DUNS NO.:0 EIN :582420844

SECTION E - ESTABLISHMENT INFORMATION

SECTION D - EMPLOYMENT DATA

NAICS: 621399 Offices of All Other
Miscellaneous Health Practitioners

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS
			***** MALE *****						***** FEMALE *****						
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	
EXECUTIVE/SR OFFICIALS & MGRS	0	0	3	0	0	0	0	0	4	0	0	1	0	0	8
FIRST/MID OFFICIALS & MGRS	9	35	26	4	0	5	0	0	112	15	0	9	1	1	217
PROFESSIONALS	30	13	283	27	1	59	1	8	229	25	1	49	0	7	733
TECHNICIANS	84	50	45	8	4	16	2	5	112	20	1	4	1	2	354
SALES WORKERS	7	16	41	3	0	0	0	1	61	8	0	3	0	1	141
ADMINISTRATIVE SUPPORT	44	386	5	5	1	10	0	5	228	79	9	52	8	20	862
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	53	151	50	14	5	16	0	2	157	42	6	23	6	10	535
TOTAL	227	651	453	61	11	106	3	21	903	189	17	141	16	41	2840
PREVIOUS REPORT TOTAL	178	578	400	56	7	88	2	11	812	184	17	130	14	32	2509

SECTION F - REMARKS

CO= T603462
u= X256780

EQUAL EMPLOYMENT OPPORTUNITY
2015 EMPLOYER INFORMATION REPORT
INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. US HEALTHWORKS
25124 SPRINGFIELD COURT STE 250
VALENCIA, CA 91355

2a. US HEALTHWORKS-RBO
3440 PRESTON RIDGE ROAD
BLDG 4 SUITE 250
ALPHARETTA, GA 30005
FULTON COUNTY
c. y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-N 3-N DUNS NO.:0 EIN :582420844

SECTION E - ESTABLISHMENT INFORMATION

NAICS: 621399 Offices of All Other
Miscellaneous Health Practitioners

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO												OVERALL TOTALS		
	***** MALE *****												***** FEMALE *****				
	MALE	FEMALE	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES			
EXECUTIVE/SR OFFICIALS & MGRS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1		
FIRST/MID OFFICIALS & MGRS	0	0	1	0	0	1	0	0	3	0	0	0	0	0	5		
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
ADMINISTRATIVE SUPPORT	2	2	4	1	0	1	0	0	34	28	0	2	0	2	76		
CRAFT WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
LABORERS & HELPERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	2	2	5	1	0	2	0	0	38	28	0	2	0	2	82		
PREVIOUS REPORT TOTAL	2	2	5	2	0	3	0	0	42	26	0	1	0	1	84		

SECTION F - REMARKS

Report ID: PER050

Automatic Data Processing, Inc.
2015 EMPLOYER INFORMATION REPORT EEO-1

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Run Date 10/26/2015
Run Time 17:41:31

CONSOLIDATED REPORT

CO=T60346-2
U=T60346-2
NAICS=621399

SECTION B - COMPANY IDENTIFICATION

1. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355

2.a. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355

SECTION C - TEST FOR FILING REQUIREMENT
1-Y 2-N 3-Y DUNS NO.: 92-995-6035
C. Y

SECTION D - EMPLOYMENT DATA ***** RACE/ETHNICITY *****

JOB CATEGORIES	HISPANIC OR LATINO														NOT HISPANIC OR LATINO														TOTAL
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		MALE		FEMALE		A-N												
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)															
EXEC/SR LVL MGRS. (1.1)	0	2	9	1	0	1	0	0	13	0	0	1	0	0	27														
FIRST/MID MGRS. (1.2)	10	36	36	5	0	6	0	0	121	18	0	11	1	1	245														
PROFESSIONALS. (2)	35	16	297	29	1	67	1	9	239	30	1	58	0	7	790														
TECHNICIANS. (3)	84	50	45	8	4	16	2	5	112	20	1	4	1	2	354														
SALES WORKERS. (4)	7	17	42	3	0	0	0	1	62	8	0	4	0	1	145														
ADMIN WORKERS. (5)	56	431	19	9	6	26	0	6	317	113	9	71	8	26	1097														
CRAFT WORKERS. (6)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1														
OPERATIVES. (7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
LABORERS. (8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
SERVICE WORKERS. (9)	53	151	50	14	5	16	0	2	157	42	6	23	6	10	535														
TOTAL (10)	245	703	498	69	16	132	3	23	1022	231	17	172	16	47	3194														
PREVIOUS YR TOTAL (11)	196	623	434	62	11	114	2	13	946	223	17	163	15	36	2855														

* HARD COPY FOR REFERENCE ONLY *

Report ID: PER050

Automatic Data Processing, Inc.
2015 EMPLOYER INFORMATION REPORT EEO-1
HEADQUARTERS REPORT - TYPE 3

Page No. 1
Run Date 10/26/2015
Run Time 17:41:31

CO=160346-2
U=160346-2
NAICS=621399

SECTION B - COMPANY IDENTIFICATION

1. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles

2.a. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles

SECTION C - TEST FOR FILING REQUIREMENT
1-Y 2-N 3-Y DUNS NO.: 92-995-6035
SECTION E - ESTABLISHMENT INFORMATION
1- Offices of all other Miscellaneous
Health Practitioners

SECTION D - EMPLOYMENT DATA***** RACE/ETHNICITY *****

JOB CATEGORIES	HISPANIC OR LATINO		NOT HISPANIC OR LATINO										TOTAL	
	MALE (A)	FEMALE (B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)		(M)
EXEC/SR LVL MGRS..(1.1)	0	1	6	1	0	1	0	0	8	0	0	0	0	17
FIRST/MID MGRS...(1.2)	1	3	8	1	0	0	0	0	4	3	0	2	0	20
PROFESSIONALS....(2)	5	3	14	2	0	8	0	1	10	5	0	0	0	57
TECHNICIANS.....(3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS....(4)	0	1	1	0	0	0	0	0	0	0	0	0	0	4
ADMIN WORKERS....(5)	3	11	7	1	1	8	0	1	24	2	0	1	0	63
CRAFT WORKERS....(6)	0	0	0	0	0	0	0	0	1	0	0	0	0	1
OPERATIVES.....(7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS.....(8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS..(9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL (10)	9	17	36	5	1	17	0	2	48	10	0	16	0	162
PREVIOUS YR TOTAL (11)	7	12	25	2	1	12	0	2	50	8	0	16	0	135

1 - 08/10/2015 THRU 08/23/2015

* HARDCOPY FOR REFERENCE ONLY *

Report ID: PER050

Automatic Data Processing, Inc.
2015 EMPLOYER INFORMATION REPORT EEO-1
ESTABLISHMENT REPORT - TYPE 4

Page No. 4
Run Date 10/26/2015
Run Time 17:41:31

CO=T60346-2
U=X25678-0
NAICS=621399

SECTION B - COMPANY IDENTIFICATION

1. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles

2. a. Valencia Regional Billing Offi
28035 Avenue Stanford West
Valencia
CA 91355
Los Angeles
c. Y

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-N 3-Y DUNS NO.: 92-995-6035
SECTION E - ESTABLISHMENT INFORMATION
1- Offices of all other Miscellaneous
Billing

SECTION D - EMPLOYMENT DATA***** RACE/ETHNICITY *****

JOB CATEGORIES	HISPANIC OR LATINO		NOT HISPANIC OR LATINO													TOTAL
	MALE (A)	FEMALE (B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		
EXEC/SR LVL MGRS..(1.1)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
FIRST/MID MGRS....(1.2)	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3	
PROFESSIONALS.....(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TECHNICIANS.....(3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SALES WORKERS.....(4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ADMIN WORKERS.....(5)	7	32	3	2	4	7	0	0	31	4	0	13	0	3	106	
CRAFT WORKERS.....(6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OPERATIVES.....(7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LABORERS.....(8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SERVICE WORKERS..(9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL (10)	7	33	4	2	4	7	0	0	33	4	0	13	0	3	110	
PREVIOUS YR TOTAL (11)	9	31	4	2	3	11	0	0	42	5	0	16	1	3	127	

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*
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Report ID: PER050

Automatic Data Processing, Inc.
2015 EMPLOYER INFORMATION REPORT EEO-1
ESTABLISHMENT REPORT - TYPE 4

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Run Date 10/26/2015
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CO=160346-2
U=X25678-0
NAICS=621399

SECTION B - COMPANY IDENTIFICATION

1. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles

2.a. U.S. Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles
C. Y

SECTION C - TEST FOR FILING REQUIREMENT
1-Y 2-N 3-Y DUNS NO.: 92-995-6035
SECTION E - ESTABLISHMENT INFORMATION
1- Offices of all Other Miscellaneous
Health Practitioners

SECTION D - EMPLOYMENT DATA***** RACE/ETHNICITY *****

JOB CATEGORIES	HISPANIC OR LATINO		NOT HISPANIC OR LATINO											TOTAL	
	MALE (A)	FEMALE (B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	A-N
EXEC/SR LVL. MGRS. (1.1)	0	0	3	0	0	0	0	0	4	0	0	1	0	0	8
FIRST/MID MGRS. (1.2)	9	35	26	4	0	5	0	0	112	15	0	9	1	1	217
PROFESSIONALS... (2)	30	13	283	27	1	59	1	8	229	25	1	49	0	7	733
TECHNICIANS... (3)	84	50	45	8	4	16	2	5	112	20	1	4	1	2	354
SALES WORKERS... (4)	7	16	41	3	0	0	0	1	61	8	0	3	0	1	141
ADMIN WORKERS... (5)	44	386	5	5	1	10	0	0	228	79	9	52	8	20	852
CRAFT WORKERS... (6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES... (7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS... (8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS... (9)	53	151	50	14	5	16	0	2	157	42	6	23	6	10	535
TOTAL (10)	227	651	453	61	11	106	3	21	903	189	17	141	16	41	2840
PREVIOUS YR TOTAL (11)	178	578	400	56	7	88	2	11	812	184	17	130	14	32	2509

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Report ID: PER050

Automatic Data Processing, Inc.
2015 EMPLOYER INFORMATION REPORT EEO-1

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Run Date 10/26/2015
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CO=T60346-2
U=X25678-0
MAICS=621399

ESTABLISHMENT REPORT - TYPE 4

SECTION B - COMPANY IDENTIFICATION

1. US Healthworks
25124 Springfield Court
Suite 200
Valencia
CA 91355
Los Angeles

2.a. Alpharetta Regional Office
3440 Preston Ridge Road
Bldg 4 Suite 250
Alpharetta
GA 30005
c. Y Alpharetta

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-N 3-Y DUNS NO.: 92-995-6035

SECTION E - ESTABLISHMENT INFORMATION

1- Offices of all other Miscellaneous
Billing

SECTION D - EMPLOYMENT DATA***** RACE/ETHNICITY *****

JOB CATEGORIES	HISPANIC OR LATINO		NOT HISPANIC OR LATINO													TOTAL
	MALE (A)	FEMALE (B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		
EXEC/SR LVL MGRS. (1.1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
FIRST/MID MGRS. (1.2)	0	0	1	0	0	0	0	0	3	0	0	0	0	0	5	
PROFESSIONALS. (2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TECHNICIANS. (3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SALES WORKERS. (4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ADMIN WORKERS. (5)	2	2	4	1	0	0	0	0	0	0	0	0	0	0	0	
CRAFT WORKERS. (6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OPERATIVES. (7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LABORERS. (8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SERVICE WORKERS. (9)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL (10)	2	2	5	1	0	2	0	0	38	28	0	2	0	2	82	
PREVIOUS YR TOTAL (11)	2	2	5	1	0	3	0	0	42	26	0	1	0	1	84	

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HealthWorks[®]
MEDICAL GROUP

A Dignity Health Member

The Right Care, Right Away

ATTACHMENT "D"

Online Resources & Support



August 26, 2016

Following packet includes:

- Client Communication Reference Sheet



CLIENT COMMUNICATION SYSTEM (CCS)



U.S. HealthWorks is committed to communicating with our clients regularly about an injured worker's condition. We believe that clear and timely communication between the medical provider, employer and claims examiner is the key to helping injured workers get back to work quickly and safely.

Our new, convenient online Client Communication System (CCS) provides you with immediate access to a variety of workers' compensation reports to monitor the status of your injured workers.

Employer Benefits:

- 24/7 access by visiting www.ushealthworks.com and clicking Online Services
- User friendly format allows you to search, sort and customize your workers' compensation reports
- Reports are updated daily and can be exported in PDF, Excel or CSV format

Valuable Reports:

1. **Activity Summary** - In addition to viewing all appointments including scheduled, cancelled, missed and walk-ins, work status reports and diagnosis information are at your fingertips.
 - a. Summary of the number of visits for each active patient
 - b. List of patients seen within a selected date range
2. **Patient Case Status:**
 - a. Number of visits by type
 - b. Discharge status
3. **Industrial Case Cost** - View a summary of case cost and duration by primary ICD-9 code including number and type of visit and percentage of cases closed within 30 days
4. **Utilization Analysis by Diagnosis** - Review case statistics related to the type of visit (Injury, Physical Therapy, Orthopedics) and view results summarized by diagnosis.
5. **Drug Test Results** - If conducting an instant test, all negative drug test results will be reported within the hour. If it's a non-negative or lab based test, further MRO review is required and will be available via CCS when complete.



*Managing injury cases
has never been easier!*