

D.1 DETAILED PRICE/COST SCHEDULE

Item BASE YEAR 10/1/2018 Thru 9/30/2019	Estimated Yearly Quantity	Unit of Issue	Unit Price	Total Price
0001. Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	300	EACH	\$ _____ _____	\$ _____
0002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	300	EACH	\$ _____ _____	\$ _____
0003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	200	EACH	\$ _____ _____	\$ _____
0004. Cylinder, Aluminum, E-tank, Rental	1200	EACH	\$ _____ _____	\$ _____
0005. Cylinder, Aluminum, D-tank, Rental	1200	EACH	\$ _____ _____	\$ _____
0006. Cylinder, Aluminum, C-tank, Rental	1200	EACH	\$ _____ _____	\$ _____
0007. Cylinder, Aluminum, M-6, Rental	150	EACH	\$ _____ _____	\$ _____
0008. Cylinder, Aluminum, H or K-tank Rental	400	EACH	\$ _____ _____	\$ _____
0009. Cylinder, Aluminum, B or BB-tank Rental	1200	EACH	\$ _____ _____	\$ _____
0010. Demand Nasal Cannula (e.g. Oximyzer) Reservoir or Pendant/equivalent	500	EACH	\$ _____ _____	\$ _____

0011. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	8000	EACH	\$ _____ —	\$ _____
0012. Pneumatic Demand/Conserving Regulators	400	EACH	\$ _____ —	\$ _____
0013. “E” Regulator, Est. Monthly	400	EACH	\$ _____ —	\$ _____
0014. “H” Regulator, Est. Monthly	400	EACH	\$ _____ —	\$ _____
0015. Cylinder, Aluminum, E-tank Rental, complete portable system (e.g. tank, regulator, etc) for each Medical Center for availability to issue home oxygen beneficiaries who deplete their portable units during appointments <i>or</i> to send home with new start-up (e.g. discharged from inpatient).	400	EACH	\$ _____ —	\$ _____
0016. Ventilator, Volume ventilator, alternated current with battery back up, alarms, disposable circuits with oxygen cumulator capabilities; back up ventilator; ambu bag; suction machine with three (3) disposables per beneficiary to include connecting tubing, suction catheter, tubing, bacterial humidifier filters, Closed System Suction Catheter w/ Swivel Adapter with a MeterDose Inhaler (MDI) port, Resuscitation Bag w/ Mask and oxygen tubing and Yankauer suction and tips instrument where applicable	150	EACH	\$ _____ —	\$ _____
0017. Portable Concentrator w/two batteries. For travel not to exceed 30 days.	200	EACH	\$ _____ —	\$ _____
0018. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	40,000	EACH	\$ _____ —	\$ _____
0019. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	30,000	EACH	\$ _____ —	\$ _____
0020. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	30,000	EACH	\$ _____ —	\$ _____

0021. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	400	EACH	\$ _____ —	\$ _____
0022. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	400	EACH	\$ _____ —	\$ _____
0023. Liquid oxygen per pound	200,000	LB	\$ _____ —	\$ _____
0024. High volume air compressor capable of producing 8 to 15 lpm. Cost of monthly rental to include disposable supplies to be changed/washed weekly. Disposable shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	200	EACH	\$ _____ —	\$ _____
0025. Heated humidifier to be used in conjunction with volume ventilator	1080	EACH	\$ _____ —	\$ _____
0026. Heated system for humidified compressed air with disposable to include a temperature sensor. Disposables shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	72	EACH	\$ _____ —	\$ _____
0027. Emergency service to check out situations other than equipment failures	20	EACH	\$ _____ —	\$ _____
0028. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	8	EACH	\$ _____ —	\$ _____
0029. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	220	EACH	\$ _____ —	\$ _____

Total Base Year \$ _____

Item OPTION YEAR 1 10/1/2019 Thru 9/30/2020	Estimated Yearly Quantity	Unit of Issue	Unit Price	Total Price
1001. Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	342	EACH	\$ _____ _____	\$ _____
1002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	342	EACH	\$ _____ _____	\$ _____
1003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	228	EACH	\$ _____ _____	\$ _____
1004. Cylinder, Aluminum, E-tank, Rental	1368	EACH	\$ _____ _____	\$ _____
1005. Cylinder, Aluminum, D-tank, Rental	1368	EACH	\$ _____ _____	\$ _____
1006. Cylinder, Aluminum, C-tank, Rental	1368	EACH	\$ _____ _____	\$ _____
1007. Cylinder, Aluminum, M-6, Rental	171	EACH	\$ _____ _____	\$ _____
1008. Cylinder, Aluminum, H or K-tank Rental	456	EACH	\$ _____ _____	\$ _____
1009. Cylinder, Aluminum, B or BB-tank Rental	1368	EACH	\$ _____ _____	\$ _____
1010. Demand Nasal Cannula (e.g. Oximyzer) Reservoir or Pendant/equivalent	570	EACH	\$ _____ _____	\$ _____
1011. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	9120	EACH	\$ _____ _____	\$ _____

1012. Pneumatic Demand/Conserving Regulators	456	EACH	\$ _____ —	\$ _____
1013. “E” Regulator, Est. Monthly	456	EACH	\$ _____ —	\$ _____
1014. “H” Regulator, Est. Monthly	456	EACH	\$ _____ —	\$ _____
1015. Cylinder, Aluminum, E-tank Rental, complete portable system (e.g. tank, regulator, etc) for each Medical Center for availability to issue home oxygen beneficiaries who deplete their portable units during appointments <i>or</i> to send home with new start-up (e.g. discharged from inpatient).	456	EACH	\$ _____ —	\$ _____
1016. Ventilator, Volume ventilator, alternated current with battery back up, alarms, disposable circuits with oxygen cumulator capabilities; back up ventilator; ambu bag; suction machine with three (3) disposables per beneficiary to include connecting tubing, suction catheter, tubing, bacterial humidifier filters, Closed System Suction Catheter w/ Swivel Adapter with a MeterDose Inhaler (MDI) port, Resuscitation Bag w/ Mask and oxygen tubing and Yankauer suction and tips instrument where applicable	171	EACH	\$ _____ —	\$ _____
1017. Portable Concentrator w/two batteries. For travel not to exceed 30 days.	228	EACH	\$ _____ —	\$ _____
1018. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	45,600	EACH	\$ _____ —	\$ _____
1019. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	34,200	EACH	\$ _____ —	\$ _____
1020. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	34,200	EACH	\$ _____ —	\$ _____
1021. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	456	EACH	\$ _____ —	\$ _____

1022. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	456	EACH	\$ _____ —	\$ _____
1023. Liquid oxygen per pound	228,000	LB	\$ _____ —	\$ _____
1024. High volume air compressor capable of producing 8 to 15 lpm. Cost of monthly rental to include disposable supplies to be changed/washed weekly. Disposable shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	228	EACH	\$ _____ —	\$ _____
1025. Heated humidifier to be used in conjunction with volume ventilator	1231	EACH	\$ _____ —	\$ _____
1026. Heated system for humidified compressed air with disposable to include a temperature sensor. Disposables shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	82	EACH	\$ _____ —	\$ _____
1027. Emergency service to check out situations other than equipment failures	23	EACH	\$ _____ —	\$ _____
1028. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	9	EACH	\$ _____ —	\$ _____
1029. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	251	EACH	\$ _____ —	\$ _____

Total Option Year 1 \$ _____

Item OPTION YEAR 2 10/1/2020 Thru 9/30/2021	Estimated Yearly Quantity	Unit of Issue	Unit Price	Total Price
2001. Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	390	EACH	\$ _____ —	\$ _____
2002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	390	EACH	\$ _____ —	\$ _____
2003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	260	EACH	\$ _____ —	\$ _____
2004. Cylinder, Aluminum, E-tank, Rental	1560	EACH	\$ _____ —	\$ _____
2005. Cylinder, Aluminum, D-tank, Rental	1560	EACH	\$ _____ —	\$ _____
2006. Cylinder, Aluminum, C-tank, Rental	1560	EACH	\$ _____ —	\$ _____
2007. Cylinder, Aluminum, M-6, Rental	195	EACH	\$ _____ —	\$ _____
2008. Cylinder, Aluminum, H or K-tank Rental	520	EACH	\$ _____ —	\$ _____
2009. Cylinder, Aluminum, B or BB-tank Rental	1560	EACH	\$ _____ —	\$ _____
2010. Demand Nasal Cannula (e.g. Oximyzer) Reservoir or Pendant/equivalent	650	EACH	\$ _____ —	\$ _____
2011. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	10397	EACH	\$ _____ —	\$ _____
2012. Pneumatic Demand/Conserving Regulators	520	EACH	\$ _____	\$ _____

			\$ _____	
2013. “E” Regulator, Est. Monthly	520	EACH	\$ _____ —	\$ _____
2014. “H” Regulator, Est. Monthly	520	EACH	\$ _____ —	\$ _____
2015. Cylinder, Aluminum, E-tank Rental, complete portable system (e.g. tank, regulator, etc) for each Medical Center for availability to issue home oxygen beneficiaries who deplete their portable units during appointments <i>or</i> to send home with new start-up (e.g. discharged from inpatient).	520	EACH	\$ _____ —	\$ _____
2016. Ventilator, Volume ventilator, alternated current with battery back up, alarms, disposable circuits with oxygen cumulator capabilities; back up ventilator; ambu bag; suction machine with three (3) disposables per beneficiary to include connecting tubing, suction catheter, tubing, bacterial humidifier filters, Closed System Suction Catheter w/ Swivel Adapter with a MeterDose Inhaler (MDI) port, Resuscitation Bag w/ Mask and oxygen tubing and Yankauer suction and tips instrument where applicable	195	EACH	\$ _____ —	\$ _____
2017. Portable Concentrator w/two batteries. For travel not to exceed 30 days.	260	EACH	\$ _____ —	\$ _____
2018. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	51,984	EACH	\$ _____ —	\$ _____
2019. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	38,988	EACH	\$ _____ —	\$ _____
2020. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	38,988	EACH	\$ _____ —	\$ _____
2021. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	520	EACH	\$ _____ —	\$ _____

2022. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	520	EACH	\$ _____ —	\$ _____
2023. Liquid oxygen per pound	259,920	LB	\$ _____ —	\$ _____
2024. High volume air compressor capable of producing 8 to 15 lpm. Cost of monthly rental to include disposable supplies to be changed/washed weekly. Disposable shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	260	EACH	\$ _____ —	\$ _____
2025. Heated humidifier to be used in conjunction with volume ventilator	1403	EACH	\$ _____ —	\$ _____
2026. Heated system for humidified compressed air with disposable to include a temperature sensor. Disposables shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	93	EACH	\$ _____ —	\$ _____
2027. Emergency service to check out situations other than equipment failures	26	EACH	\$ _____ —	\$ _____
2028. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	10	EACH	\$ _____ —	\$ _____
2029. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	286	EACH	\$ _____ —	\$ _____

Total Option Year 2 \$ _____

Item OPTION YEAR 3 10/1/2021 Thru 9/30/2022	Estimated Yearly Quantity	Unit of Issue	Unit Price	Total Price
3001. Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	445	EACH	\$ _____ _____	\$ _____
3002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	445	EACH	\$ _____ _____	\$ _____
3003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	296	EACH	\$ _____ _____	\$ _____
3004. Cylinder, Aluminum, E-tank, Rental	1778	EACH	\$ _____ _____	\$ _____
3005. Cylinder, Aluminum, D-tank, Rental	1778	EACH	\$ _____ _____	\$ _____
3006. Cylinder, Aluminum, C-tank, Rental	1778	EACH	\$ _____ _____	\$ _____
3007. Cylinder, Aluminum, M-6, Rental	222	EACH	\$ _____ _____	\$ _____
3008. Cylinder, Aluminum, H or K-tank Rental	593	EACH	\$ _____ _____	\$ _____
3009. Cylinder, Aluminum, B or BB-tank Rental	1778	EACH	\$ _____ _____	\$ _____
3010. Demand Nasal Cannula (e.g. Oximyzer) Reservoir or Pendant/equivalent	741	EACH	\$ _____ _____	\$ _____
3011. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	11853	EACH	\$ _____ _____	\$ _____
3012. Pneumatic Demand/Conserving Regulators	593	EACH	\$ _____	\$ _____

			\$ _____	
3013. “E” Regulator, Est. Monthly	593	EACH	\$ _____ —	\$ _____
3014. “H” Regulator, Est. Monthly	593	EACH	\$ _____ —	\$ _____
3015. Cylinder, Aluminum, E-tank Rental, complete portable system (e.g. tank, regulator, etc) for each Medical Center for availability to issue home oxygen beneficiaries who deplete their portable units during appointments <i>or</i> to send home with new start-up (e.g. discharged from inpatient).	593	EACH	\$ _____ —	\$ _____
3016. Ventilator, Volume ventilator, alternated current with battery back up, alarms, disposable circuits with oxygen cumulator capabilities; back up ventilator; ambu bag; suction machine with three (3) disposables per beneficiary to include connecting tubing, suction catheter, tubing, bacterial humidifier filters, Closed System Suction Catheter w/ Swivel Adapter with a MeterDose Inhaler (MDI) port, Resuscitation Bag w/ Mask and oxygen tubing and Yankauer suction and tips instrument where applicable	222	EACH	\$ _____ —	\$ _____
3017. Portable Concentrator w/two batteries. For travel not to exceed 30 days.	296	EACH	\$ _____ —	\$ _____
3018. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	59,262	EACH	\$ _____ —	\$ _____
3019. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	44,446	EACH	\$ _____ —	\$ _____
3020. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	44,446	EACH	\$ _____ —	\$ _____
3021. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	593	EACH	\$ _____ —	\$ _____

3022. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	593	EACH	\$ _____ —	\$ _____
3023. Liquid oxygen per pound	296,309	LB	\$ _____ —	\$ _____
3024. High volume air compressor capable of producing 8 to 15 lpm. Cost of monthly rental to include disposable supplies to be changed/washed weekly. Disposable shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	296	EACH	\$ _____ —	\$ _____
3025. Heated humidifier to be used in conjunction with volume ventilator	1599	EACH	\$ _____ —	\$ _____
3026. Heated system for humidified compressed air with disposable to include a temperature sensor. Disposables shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	106	EACH	\$ _____ —	\$ _____
3027. Emergency service to check out situations other than equipment failures	30	EACH	\$ _____ —	\$ _____
3028. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	11	EACH	\$ _____ —	\$ _____
3029. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	326	EACH	\$ _____ —	\$ _____

Total Option Year 3 \$ _____

Item OPTION YEAR 4 10/1/2022 Thru 9/30/2023	Estimated Yearly Quantity	Unit of Issue	Unit Price	Total Price
4001. Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	507	EACH	\$ _____ _____	\$ _____
4002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	507	EACH	\$ _____ _____	\$ _____
4003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	337	EACH	\$ _____ _____	\$ _____
4004. Cylinder, Aluminum, E-tank, Rental	2027	EACH	\$ _____ _____	\$ _____
4005. Cylinder, Aluminum, D-tank, Rental	2027	EACH	\$ _____ _____	\$ _____
4006. Cylinder, Aluminum, C-tank, Rental	2027	EACH	\$ _____ _____	\$ _____
4007. Cylinder, Aluminum, M-6, Rental	253	EACH	\$ _____ _____	\$ _____
4008. Cylinder, Aluminum, H or K-tank Rental	676	EACH	\$ _____ _____	\$ _____
4009. Cylinder, Aluminum, B or BB-tank Rental	2027	EACH	\$ _____ _____	\$ _____
4010. Demand Nasal Cannula (e.g. Oximyzer) Reservoir or Pendants/equivalent	845	EACH	\$ _____ _____	\$ _____
4011. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	13512	EACH	\$ _____ _____	\$ _____

4012. Pneumatic Demand/Conserving Regulators	676	EACH	\$ _____ —	\$ _____
4013. “E” Regulator, Est. Monthly	676	EACH	\$ _____ —	\$ _____
4014. “H” Regulator, Est. Monthly	676	EACH	\$ _____ —	\$ _____
4015. Cylinder, Aluminum, E-tank Rental, complete portable system (e.g. tank, regulator, etc) for each Medical Center for availability to issue home oxygen beneficiaries who deplete their portable units during appointments <i>or</i> to send home with new start-up (e.g. discharged from inpatient).	676	EACH	\$ _____ —	\$ _____
4016. Ventilator, Volume ventilator, alternated current with battery back up, alarms, disposable circuits with oxygen cumulator capabilities; back up ventilator; ambu bag; suction machine with three (3) disposables per beneficiary to include connecting tubing, suction catheter, tubing, bacterial humidifier filters, Closed System Suction Catheter w/ Swivel Adapter with a MeterDose Inhaler (MDI) port, Resuscitation Bag w/ Mask and oxygen tubing and Yankauer suction and tips instrument where applicable	253	EACH	\$ _____ —	\$ _____
4017. Portable Concentrator w/two batteries. For travel not to exceed 30 days.	337	EACH	\$ _____ —	\$ _____
4018. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	67,559	EACH	\$ _____ —	\$ _____
4019. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	50,668	EACH	\$ _____ —	\$ _____
4020. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	50,668	EACH	\$ _____ —	\$ _____
4021. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	676	EACH	\$ _____ —	\$ _____

4022. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	676	EACH	\$ _____ —	\$ _____
4023. Liquid oxygen per pound	337,792	LB	\$ _____ —	\$ _____
4024. High volume air compressor capable of producing 8 to 15 lpm. Cost of monthly rental to include disposable supplies to be changed/washed weekly. Disposable shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	337	EACH	\$ _____ —	\$ _____
4025. Heated humidifier to be used in conjunction with volume ventilator	1823	EACH	\$ _____ —	\$ _____
4026. Heated system for humidified compressed air with disposable to include a temperature sensor. Disposables shall include: (A) Mask, T-piece or trach collar; 2 on hand at all times. (B) Aerosol corrugated hose, 6 ft., 2 on hand at all times. (C) Nebulizer adapter. 4 on hand at all times. (D) Large aerosol nebulizer bottle; 2 on hand at all times.	121	EACH	\$ _____ —	\$ _____
4027. Emergency service to check out situations other than equipment failures	34	EACH	\$ _____ —	\$ _____
4028. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	13	EACH	\$ _____ —	\$ _____
4029. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	372	EACH	\$ _____ —	\$ _____

Total Option Year 4 \$ _____

Grand Total \$ _____