

## 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
<b>0001.</b> Initial set-ups of equipment that consists of various cylinders with regulator, handcart, pouch, backpack, proper storage and disposable supplies	<b>300</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0002.</b> Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	<b>300</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0003.</b> Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified.	<b>200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0004.</b> Cylinder, Aluminum, E-tank, Rental	<b>1200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0005.</b> Cylinder, Aluminum, D-tank, Rental	<b>1200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0006.</b> Cylinder, Aluminum, C-tank, Rental	<b>1200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0007.</b> Cylinder, Aluminum, M-6, Rental	<b>150</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0008.</b> Cylinder, Aluminum, H or K-tank Rental	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0009.</b> Cylinder, Aluminum, B or BB-tank Rental	<b>1200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0010.</b> Demand Nasal Cannula (e.g. Oximyer) Reservoir or Pendants/equivalent	<b>500</b>	<b>EACH</b>	\$ _____ _____	\$ _____

<b>0011.</b> Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables)	<b>8000</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0012.</b> Pneumatic Demand/Conserving Regulators	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0013.</b> “E” Regulator, Est. Monthly	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0014.</b> “H” Regulator, Est. Monthly	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0015.</b> 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).	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0016.</b> 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	<b>150</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0017.</b> Portable Concentrator w/two batteries. For travel not to exceed 30 days.	<b>200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0018.</b> 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>40,000</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0019.</b> 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>30,000</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0020.</b> 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>30,000</b>	<b>EACH</b>	\$ _____ _____	\$ _____

<b>0021.</b> Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0022.</b> Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	<b>400</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0023.</b> Liquid oxygen per pound	<b>200,000</b>	<b>LB</b>	\$ _____ _____	\$ _____
<b>0024.</b> 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.	<b>200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0025.</b> Heated humidifier to be used in conjunction with volume ventilator	<b>1080</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0026.</b> 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.	<b>72</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0027.</b> Emergency service to check out situations other than equipment failures	<b>20</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0028.</b> Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	<b>8</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>0029.</b> Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	<b>220</b>	<b>EACH</b>	\$ _____ _____	\$ _____

**Total Base Year \$ \_\_\_\_\_**

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

<b>1012.</b> Pneumatic Demand/Conserving Regulators	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1013.</b> “E” Regulator, Est. Monthly	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1014.</b> “H” Regulator, Est. Monthly	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1015.</b> 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).	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1016.</b> 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	<b>171</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1017.</b> Portable Concentrator w/two batteries. For travel not to exceed 30 days.	<b>228</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1018.</b> 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>45,600</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1019.</b> 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>34,200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1020.</b> 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>34,200</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1021.</b> Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____

<b>1022.</b> Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	<b>456</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1023.</b> Liquid oxygen per pound	<b>228,000</b>	<b>LB</b>	\$ _____ _____	\$ _____
<b>1024.</b> 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.	<b>228</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1025.</b> Heated humidifier to be used in conjunction with volume ventilator	<b>1231</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1026.</b> 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.	<b>82</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1027.</b> Emergency service to check out situations other than equipment failures	<b>23</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1028.</b> Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	<b>9</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>1029.</b> Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	<b>251</b>	<b>EACH</b>	\$ _____ _____	\$ _____

**Total Option Year 1 \$ \_\_\_\_\_**

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

			\$ _____	
<b>2013.</b> “E” Regulator, Est. Monthly	<b>520</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2014.</b> “H” Regulator, Est. Monthly	<b>520</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2015.</b> 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).	<b>520</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2016.</b> 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	<b>195</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2017.</b> Portable Concentrator w/two batteries. For travel not to exceed 30 days.	<b>260</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2018.</b> 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>51,984</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2019.</b> 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>38,988</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2020.</b> 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>38,988</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2021.</b> Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	<b>520</b>	<b>EACH</b>	\$ _____ _____	\$ _____



<b>2022.</b> Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	<b>520</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2023.</b> Liquid oxygen per pound	<b>259,920</b>	<b>LB</b>	\$ _____ _____	\$ _____
<b>2024.</b> 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.	<b>260</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2025.</b> Heated humidifier to be used in conjunction with volume ventilator	<b>1403</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2026.</b> 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.	<b>93</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2027.</b> Emergency service to check out situations other than equipment failures	<b>26</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2028.</b> Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	<b>10</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>2029.</b> Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	<b>286</b>	<b>EACH</b>	\$ _____ _____	\$ _____

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

			\$ _____	
<b>3013.</b> “E” Regulator, Est. Monthly	<b>593</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3014.</b> “H” Regulator, Est. Monthly	<b>593</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3015.</b> 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).	<b>593</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3016.</b> 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	<b>222</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3017.</b> Portable Concentrator w/two batteries. For travel not to exceed 30 days.	<b>296</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3018.</b> 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>59,262</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3019.</b> 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>44,446</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3020.</b> 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>44,446</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3021.</b> Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	<b>593</b>	<b>EACH</b>	\$ _____ _____	\$ _____

<b>3022.</b> Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	<b>593</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3023.</b> Liquid oxygen per pound	<b>296,309</b>	<b>LB</b>	\$ _____ _____	\$ _____
<b>3024.</b> 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.	<b>296</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3025.</b> Heated humidifier to be used in conjunction with volume ventilator	<b>1599</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3026.</b> 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.	<b>106</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3027.</b> Emergency service to check out situations other than equipment failures	<b>30</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3028.</b> Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	<b>11</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>3029.</b> Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	<b>326</b>	<b>EACH</b>	\$ _____ _____	\$ _____

**Total Option Year 3 \$ \_\_\_\_\_**

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

<b>4012.</b> Pneumatic Demand/Conserving Regulators	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4013.</b> “E” Regulator, Est. Monthly	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4014.</b> “H” Regulator, Est. Monthly	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4015.</b> 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).	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4016.</b> 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	<b>253</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4017.</b> Portable Concentrator w/two batteries. For travel not to exceed 30 days.	<b>337</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4018.</b> 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>67,559</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4019.</b> 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>50,668</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4020.</b> 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly	<b>50,668</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4021.</b> Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary.	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____

<b>4022.</b> Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag	<b>676</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4023.</b> Liquid oxygen per pound	<b>337,792</b>	<b>LB</b>	\$ _____ _____	\$ _____
<b>4024.</b> 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.	<b>337</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4025.</b> Heated humidifier to be used in conjunction with volume ventilator	<b>1823</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4026.</b> 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.	<b>121</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4027.</b> Emergency service to check out situations other than equipment failures	<b>34</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4028.</b> Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence.	<b>13</b>	<b>EACH</b>	\$ _____ _____	\$ _____
<b>4029.</b> Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed	<b>372</b>	<b>EACH</b>	\$ _____ _____	\$ _____

**Total Option Year 4 \$ \_\_\_\_\_**

**Grand Total \$ \_\_\_\_\_**