

D.1 DETAILED PRICE/COST SCHEDULE (Amended)

| 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 | 877 | EACH | \$ _____ _____ | \$ _____ |
| 0002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 9,312 | EACH | \$ _____ _____ | \$ _____ |
| 0003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 468 | EACH | \$ _____ _____ | \$ _____ |
| 0004. Portable System Rental for patients' home | 10,524 | EACH | \$ _____ _____ | \$ _____ |
| 0005. Cylinder, Aluminum, E-tank, Refill | 3200 | EACH | \$ _____ _____ | \$ _____ |
| 0006. Cylinder, Aluminum, D-tank, Refill | 1200 | EACH | \$ _____ _____ | \$ _____ |
| 0007. Cylinder, Aluminum, C-tank, Refill | 1200 | EACH | \$ _____ _____ | \$ _____ |
| 0008. Cylinder, Aluminum, M-6, Refill | 150 | EACH | \$ _____ _____ | \$ _____ |
| 0009. Cylinder, Aluminum, H or K-tank Refill | 877 | EACH | \$ _____ _____ | \$ _____ |
| 0010. Cylinder, Aluminum, B or BB-tank Refill | 1200 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|---|---------------|-------------|-------------------|----------|
| 0011. Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or Pendant/equivalent | 500 | EACH | \$ _____ _____ | \$ _____ |
| 0012. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables) | 8000 | EACH | \$ _____ _____ | \$ _____ |
| 0013. Pneumatic Demand/Conserving Regulators | 400 | EACH | \$ _____ _____ | \$ _____ |
| 0014. 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 | \$ _____ _____ | \$ _____ |
| 0015. 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 | 36 | EACH | \$ _____ _____ | \$ _____ |
| 0016. Portable Concentrator w/two batteries. For travel not to exceed 30 days. | 200 | EACH | \$ _____ _____ | \$ _____ |
| 0017. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 40,000 | EACH | \$ _____ _____ | \$ _____ |
| 0018. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 30,000 | EACH | \$ _____ _____ | \$ _____ |
| 0019. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 30,000 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|--|----------------|-------------|-------------------|----------|
| 0020. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary. | 400 | EACH | \$ _____ _____ | \$ _____ |
| 0021. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag | 400 | EACH | \$ _____ _____ | \$ _____ |
| 0022. Liquid oxygen per pound | 200,000 | LB | \$ _____ _____ | \$ _____ |
| 0023. 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 | \$ _____ _____ | \$ _____ |
| 0024. Heated humidifier to be used in conjunction with volume ventilator | 36 | EACH | \$ _____ _____ | \$ _____ |
| 0025. 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 | \$ _____ _____ | \$ _____ |
| 0026. Emergency service to check out situations other than equipment failures | 20 | EACH | \$ _____ _____ | \$ _____ |
| 0027. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence. | 8 | EACH | \$ _____ _____ | \$ _____ |
| 0028. 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 | 123 | EACH | \$ _____ _____ | \$ _____ |
| 1002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 10,616 | EACH | \$ _____ _____ | \$ _____ |
| 1003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 534 | EACH | \$ _____ _____ | \$ _____ |
| 1004. Portable System Rental for patients' home | 11,997 | EACH | \$ _____ _____ | \$ _____ |
| 1005. Cylinder, Aluminum, E-tank, Refill | 3648 | EACH | \$ _____ _____ | \$ _____ |
| 1006. Cylinder, Aluminum, D-tank, Refill | 1368 | EACH | \$ _____ _____ | \$ _____ |
| 1007. Cylinder, Aluminum, C-tank, Refill | 1368 | EACH | \$ _____ _____ | \$ _____ |
| 1008. Cylinder, Aluminum, M-6, Refill | 171 | EACH | \$ _____ _____ | \$ _____ |
| 1009. Cylinder, Aluminum, H or K-tank Refill | 1,000 | EACH | \$ _____ _____ | \$ _____ |
| 1010. Cylinder, Aluminum, B or BB-tank Refill | 1368 | EACH | \$ _____ _____ | \$ _____ |
| 1011. Demand Nasal Cannula (e.g. Oximzyer) Reservoir or Pendant/equivalent | 570 | EACH | \$ _____ _____ | \$ _____ |
| 1012. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per | 9120 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|---|---------------|-------------|-------------------|-------------------|
| oxygen source i.e concentrator, portables (# of portables) | | | | |
| 1013. Pneumatic Demand/Conserving Regulators | 456 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1014. 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 | \$ _____ _____ | \$ _____ _____ |
| 1015. 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 | 41 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1016. Portable Concentrator w/two batteries. For travel not to exceed 30 days. | 228 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1017. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 45,600 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1018. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 34,200 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1019. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 34,200 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1020. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary. | 456 | EACH | \$ _____ _____ | \$ _____ _____ |
| 1021. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag | 456 | EACH | \$ _____ _____ | \$ _____ _____ |

| | | | | |
|--|----------------|-------------|-------------------|----------|
| 1022. Liquid oxygen per pound | 228,000 | LB | \$ _____ _____ | \$ _____ |
| 1023. 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 | \$ _____ _____ | \$ _____ |
| 1024. Heated humidifier to be used in conjunction with volume ventilator | 41 | EACH | \$ _____ _____ | \$ _____ |
| 1025. 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 | \$ _____ _____ | \$ _____ |
| 1026. Emergency service to check out situations other than equipment failures | 23 | EACH | \$ _____ _____ | \$ _____ |
| 1027. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence. | 9 | EACH | \$ _____ _____ | \$ _____ |
| 1028. 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 | 140 | EACH | \$ _____ _____ | \$ _____ |
| 2002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 12,102 | EACH | \$ _____ _____ | \$ _____ |
| 2003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 609 | EACH | \$ _____ _____ | \$ _____ |
| 2004. Portable System Rental for patients' home | 13,677 | EACH | \$ _____ _____ | \$ _____ |
| 2005. Cylinder, Aluminum, E-tank, Refill | 4160 | EACH | \$ _____ _____ | \$ _____ |
| 2006. Cylinder, Aluminum, D-tank, Refill | 1560 | EACH | \$ _____ _____ | \$ _____ |
| 2007. Cylinder, Aluminum, C-tank, Refill | 1560 | EACH | \$ _____ _____ | \$ _____ |
| 2008. Cylinder, Aluminum, M-6, Refill | 195 | EACH | \$ _____ _____ | \$ _____ |
| 2009. Cylinder, Aluminum, H or K-tank Refill | 1140 | EACH | \$ _____ _____ | \$ _____ |
| 2010. Cylinder, Aluminum, B or BB-tank Refill | 1560 | EACH | \$ _____ _____ | \$ _____ |
| 2011. Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or Pendant/equivalent | 650 | EACH | \$ _____ _____ | \$ _____ |
| 2012. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables) | 10397 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|---|---------------|-------------|-------------------|----------|
| | | | | |
| 2013. Pneumatic Demand/Conserving Regulators | 520 | EACH | \$ _____ _____ | \$ _____ |
| 2014. 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 | \$ _____ _____ | \$ _____ |
| 2015. 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 | 47 | EACH | \$ _____ _____ | \$ _____ |
| 2016. Portable Concentrator w/two batteries. For travel not to exceed 30 days. | 260 | EACH | \$ _____ _____ | \$ _____ |
| 2017. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 51,984 | EACH | \$ _____ _____ | \$ _____ |
| 2018. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 38,988 | EACH | \$ _____ _____ | \$ _____ |
| 2019. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 38,988 | EACH | \$ _____ _____ | \$ _____ |
| 2020. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary. | 520 | EACH | \$ _____ _____ | \$ _____ |
| 2021. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag | 520 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|--|----------------|-------------|-------------------|----------|
| 2022. Liquid oxygen per pound | 259,920 | LB | \$ _____ _____ | \$ _____ |
| 2023. 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 | \$ _____ _____ | \$ _____ |
| 2024. Heated humidifier to be used in conjunction with volume ventilator | 47 | EACH | \$ _____ _____ | \$ _____ |
| 2025. 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 | \$ _____ _____ | \$ _____ |
| 2026. Emergency service to check out situations other than equipment failures | 26 | EACH | \$ _____ _____ | \$ _____ |
| 2027. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence. | 10 | EACH | \$ _____ _____ | \$ _____ |
| 2028. 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 | 160 | EACH | \$ _____ _____ | \$ _____ |
| 3002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 13,796 | EACH | \$ _____ _____ | \$ _____ |
| 3003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 694 | EACH | \$ _____ _____ | \$ _____ |
| 3004. Portable System Rental for patients' home | 15,592 | EACH | \$ _____ _____ | \$ _____ |
| 3005. Cylinder, Aluminum, E-tank, Refill | 4742 | EACH | \$ _____ _____ | \$ _____ |
| 3006. Cylinder, Aluminum, D-tank, Refill | 1778 | EACH | \$ _____ _____ | \$ _____ |
| 3007. Cylinder, Aluminum, C-tank, Refill | 1778 | EACH | \$ _____ _____ | \$ _____ |
| 3008. Cylinder, Aluminum, M-6, Refill | 222 | EACH | \$ _____ _____ | \$ _____ |
| 3009. Cylinder, Aluminum, H or K-tank Refill | 1300 | EACH | \$ _____ _____ | \$ _____ |
| 3010. Cylinder, Aluminum, B or BB-tank Refill | 1778 | EACH | \$ _____ _____ | \$ _____ |
| 3011. Demand Nasal Cannula (e.g. Oximzyer) Reservoir or Pendant/equivalent | 741 | EACH | \$ _____ _____ | \$ _____ |
| 3012. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables) | 11853 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|---|---------------|-------------|---------------|----------|
| | | | | |
| 3013. Pneumatic Demand/Conserving Regulators | 593 | EACH | \$ _____ — | \$ _____ |
| 3014. 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 | \$ _____ — | \$ _____ |
| 3015. 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 | 54 | EACH | \$ _____ — | \$ _____ |
| 3016. Portable Concentrator w/two batteries. For travel not to exceed 30 days. | 296 | EACH | \$ _____ — | \$ _____ |
| 3017. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 59,262 | EACH | \$ _____ — | \$ _____ |
| 3018. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 44,446 | EACH | \$ _____ — | \$ _____ |
| 3019. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 44,446 | EACH | \$ _____ — | \$ _____ |
| 3020. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary. | 593 | EACH | \$ _____ — | \$ _____ |
| 3021. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag | 593 | EACH | \$ _____ — | \$ _____ |

| | | | | |
|--|----------------|-------------|-------------------|----------|
| 3022. Liquid oxygen per pound | 296,309 | LB | \$ _____ _____ | \$ _____ |
| 3023. 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 | \$ _____ _____ | \$ _____ |
| 3024. Heated humidifier to be used in conjunction with volume ventilator | 54 | EACH | \$ _____ _____ | \$ _____ |
| 3025. 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 | \$ _____ _____ | \$ _____ |
| 3026. Emergency service to check out situations other than equipment failures | 30 | EACH | \$ _____ _____ | \$ _____ |
| 3027. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence. | 11 | EACH | \$ _____ _____ | \$ _____ |
| 3028. 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 | 182 | EACH | \$ _____ _____ | \$ _____ |
| 4002. Stationary Concentrator 1-5 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 15,727 | EACH | \$ _____ _____ | \$ _____ |
| 4003. Stationary Concentrator 5-10 LPM with Back-up M-60, regulator, stand, nasal cannula or mask and humidifier when specified. | 791 | EACH | \$ _____ _____ | \$ _____ |
| 4004. Portable System Rental for patients' home | 17,775 | EACH | \$ _____ _____ | \$ _____ |
| 4005. Cylinder, Aluminum, E-tank, Refill | 5406 | EACH | \$ _____ _____ | \$ _____ |
| 4006. Cylinder, Aluminum, D-tank, Refill | 2027 | EACH | \$ _____ _____ | \$ _____ |
| 4007. Cylinder, Aluminum, C-tank, Refill | 2027 | EACH | \$ _____ _____ | \$ _____ |
| 4008. Cylinder, Aluminum, M-6, Refill | 253 | EACH | \$ _____ _____ | \$ _____ |
| 4009. Cylinder, Aluminum, H or K-tank Refill | 1482 | EACH | \$ _____ _____ | \$ _____ |
| 4010. Cylinder, Aluminum, B or BB-tank Refill | 2027 | EACH | \$ _____ _____ | \$ _____ |
| 4011. Demand Nasal Cannula (e.g. Oximyzzer) Reservoir or Pendant/equivalent | 845 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|---|---------------|-------------|-------------------|----------|
| 4012. Oxysafe Fire Safety Thermal Fuses (2 thermal fuse kits per oxygen source i.e concentrator, portables (# of portables) | 13512 | EACH | \$ _____ _____ | \$ _____ |
| 4013. Pneumatic Demand/Conserving Regulators | 676 | EACH | \$ _____ _____ | \$ _____ |
| 4014. 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 | \$ _____ _____ | \$ _____ |
| 4015. 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 | 62 | EACH | \$ _____ _____ | \$ _____ |
| 4016. Portable Concentrator w/two batteries. For travel not to exceed 30 days. | 337 | EACH | \$ _____ _____ | \$ _____ |
| 4017. 5-7Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 67,559 | EACH | \$ _____ _____ | \$ _____ |
| 4018. 14-25Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 50,668 | EACH | \$ _____ _____ | \$ _____ |
| 4019. 50Ft Cannulas w/oxygen tubing changed weekly (4) per patient monthly | 50,668 | EACH | \$ _____ _____ | \$ _____ |
| 4020. Rental liquid oxygen system (90 – 100 lbs) stationary reservoir per beneficiary. | 676 | EACH | \$ _____ _____ | \$ _____ |

| | | | | |
|--|----------------|-------------|-------------------|----------|
| 4021. Rental portable liquid oxygen system with reservoir per beneficiary with carrying bag | 676 | EACH | \$ _____ _____ | \$ _____ |
| 4022. Liquid oxygen per pound | 337,792 | LB | \$ _____ _____ | \$ _____ |
| 4023. 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 | \$ _____ _____ | \$ _____ |
| 4024. Heated humidifier to be used in conjunction with volume ventilator | 62 | EACH | \$ _____ _____ | \$ _____ |
| 4025. 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 | \$ _____ _____ | \$ _____ |
| 4026. Emergency service to check out situations other than equipment failures | 34 | EACH | \$ _____ _____ | \$ _____ |
| 4027. Delivery for re-supply and/or relocation of equipment due to change in beneficiary's residence. | 13 | EACH | \$ _____ _____ | \$ _____ |
| 4028. Maintenance of VA purchased portable oxygen concentrators, when appropriately prescribed | 372 | EACH | \$ _____ _____ | \$ _____ |

Total Option Year 4 \$ _____

Grand Total \$ _____