| Attachment A-4: Bid Rate Worksheet for Home Medical Equipment Bid Rates |   |                             |                          |                         |
|---|---|-----------------------------|--------------------------|-------------------------|
|   |   |                             |                          |                         |
|   |   | EQUIPMENT PRICE BY CATEGORY |                          |                         |
| County  | Equipment                                     | PURCHASE PRICE              | BARIATRIC PURCHASE PRICE | RENTAL PRICE PER MONTH* |
| WARREN COUNTY**   | Service Call Price Per Event                  |                             |                          |                         |
|   | 3 and 1 Bedside Commode                       |                             |                          |                         |
|   | Bath Assist                                   |                             |                          |                         |
|   | Bath Chair no Back                            |                             |                          |                         |
|   | Bath Chair with Back                          |                             |                          |                         |
|   | Clamp On Grab Bar                             |                             |                          |                         |
|   | Grab Bars 16"                                 |                             |                          |                         |
|   | Grab Bars 18"                                 |                             |                          |                         |
|   | Grab Bars 24"                                 |                             |                          |                         |
|   | Hand Held Shower                              |                             |                          |                         |
|   | Home Style Bed Rail                           |                             |                          |                         |
|   | Lift Chair - Small                            |                             |                          |                         |
|   | Lift Chair - Medium                           |                             |                          |                         |
|   | Lift Chair - Large                            |                             |                          |                         |
|   | Lift Chair - X-Large                          |                             |                          |                         |
|   | Manual Wheelchair 18x16                       |                             |                          |                         |
|   | Medication Dispenser                          |                             |                          |                         |
|   | Quad Cane                                     |                             |                          |                         |
|   | Raised Toilet Seat with Arms                  |                             |                          |                         |
|   | Raised Toilet Seat without Arms               |                             |                          |                         |
|   | Reacher Standard Size                         |                             |                          |                         |
|   | Rollator Walker                               |                             |                          |                         |
|   | Seat Lift Mechanism                           |                             |                          |                         |
|   | Semi Electric Hospital Bed with Side<br>Rails |                             |                          |                         |
|   | Standard Walker                               |                             |                          |                         |
|   | Straight Cane                                 |                             |                          |                         |
|   | Toilet Safety Frame                           |                             |                          |                         |
|   | Transfer Tub Bench with Back                  |                             |                          |                         |
|   | Transport Wheelchair                          |                             |                          |                         |
|   | Walker with Wheels                            |                             |                          |                         |

\* Rental equipment will be broken out to 13 monthly payments. The 13 monthly payments should represent to total cost of purchasing the equipment. \*\*Contracts for HME in Warren County are contingent upon approval from the Warren County Advisory Council and the Warren County Board of County Commissioners.