



**BOARD OF COUNTY COMMISSIONERS**

**DATE:** September 16, 2008

**AGENDA ITEM NO.**

26.

**Consent Agenda** ☐

**Regular Agenda** ☒

**Public Hearing** ☐

**County Administrator's Signature:**

*[Handwritten Signature]*

**Subject:**

Approval of Final Negotiated Contract- Dental Services for Health and Human Services Department  
Contract No. 078-0482-P (AM)

**Department:**

Health & Human Services / Purchasing

**Staff Member Responsible:**

Maureen Freaney / Joe Lauro

**Recommended Action:**

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD), APPROVE THE FINAL NEGOTIATED CONTRACTS FOR DENTAL SERVICES FOR HEALTH AND HUMAN SERVICES DEPARTMENT (HHS) WITH

1. ANTHONY R. CHESLOCK, D.D.S., P.A., CLEARWATER, FLORIDA,
2. THE TMJ AND FACIAL PAIN CENTER, P.A., D/B/A ARBOR DENTAL CARE, ST. PETERSBURG, FLORIDA,
3. NEIL M. BRODSKY, D.D.S., P.A., D/B/A CENTRAL DENTAL ARTS, ST. PETERSBURG,
4. RECONSTRUCTIVE DENTISTRY, INC., CLEARWATER, FLORIDA.

IT IS FURTHER RECOMMENDED THAT AFTER PROPER EXECUTION OF THE AGREEMENT BY THE CONTRACTORS, AND AFTER WRITTEN APPROVAL AS TO FORM BY THE OFFICE OF THE COUNTY ATTORNEY, THE CHAIRMAN BE AUTHORIZED TO SIGN AND THE CLERK BE AUTHORIZED TO ATTEST.

**Summary Explanation/Background:**

On June 27, 2008, the Purchasing Department, on behalf of HHS let a Request For Proposal (RFP) for Dental Services. On July 30, 2008, the Evaluation Committee consisting of three (3) staff members from HHS, one (1) staff member from the Personnel Department, one (1) representative for the Health Department, along with a representative from Purchasing Department acting as facilitator, met and evaluated the four (4) proposals received.

The Committee evaluated the firms per the following criteria:

- |                               |            |
|-------------------------------|------------|
| 1) Experience and Reliability | 250 Points |
| 2) Capability                 | 250 Points |
| 3) Method of Performance      | 250 Points |
| 4) Costs                      | 250 Points |

The firms' scoring are as follow:

- |   |               |
|---|---------------|
| 1. The TMJ & Facial Pain Center, P.A. d/b/a Arbor Dental Care | 925.00 Points |
| 2. Neil Brodsky D.D.S., P.A. d/b/a Central Dental Arts        | 920.00 Points |
| 3. Reconstructive Dentistry, Inc.                             | 758.15 Points |
| 4. Anthony R. Cheslock, D.D.S., P.A.                          | 556.50 Points |

It was noted by the Evaluation Committee that none of the proposals submitted individually would give the required geographical coverage of Pinellas County. It was also noted that rates proposed by the four providers varied. The Evaluation Committee agreed that each of the proposals met the required need of the County concerning experience, capability, and method of performance. It was therefore agreed that the County would negotiate for a single rate schedule prepared by HHS staff after researching Medicaid rates and rates paid by other agencies. Although each proposer did not have an aggregate score in the recommended 80% of the total score, the Evaluation Committee agreed that collectively the proposals offered the services covering the required geographical coverage of Pinellas County and it would be in the best interest of the County to pursue negotiation with all of the proposers.

Because these services are critical need, staff negotiated for a final agreement for a single proposed rate with each provider. The finalized agreement is for a negotiated rate based on research made by HHS staff considering rates charged by other entities and the Medicaid rates.

Services under the new contract will commence upon expiration of the existing contract on October 7, 2008. The contract will be for an initial period of twenty-four (24) months allowing renewals for two (2) additional twenty-four (24) months if all terms and conditions remain the same and approval is granted by the County Administrator. Contract renewals will allow for price adjustments in an amount not to exceed the average of the Consumer Price Index (CPI) for all Urban Consumers, Series Id: CUUR000SA0, Not Seasonally Adjusted, Area: U.S. city average, Item: All items, Base Period: 1982-84=100, for the twelve months prior to renewal, or three percent (3%), whichever is less.

**Fiscal Impact/Cost/Revenue Summary:**

ESTIMATED ANNUAL EXPENDITURE NOT TO EXCEED: \$350,000.00

Funding will be derived from Health & Human Services FY 08/09 appropriation.

**Exhibits/Attachments Attached:**

1. Contract Review
2. Agreement
3. Evaluation Tabulation Sheet



**PURCHASING DEPARTMENT  
CONTRACT REVIEW TRANSMITTAL**

CATS  
NO.:

26494

**PROJECT: DENTAL SERVICES FOR HEALTH & HUMAN SERVICES DEPARTMENT**

**BID NUMBER: 078-0482-P (AM)**

**REQ. NUMBER: N/A**

**TYPE:** ☐ Purchase Contract ☐ Other: ☐ Construction-Less than \$100,000 ☐ One Time

In accordance with the policy guide for Contract Administration, the attached documents are submitted for review and comment.

Upon completion of review, complete Contract Review Transmittal and forward to next Review Authority listed. Please indicate suggested changes by revising, in RED, the appropriate section of the document reflecting the exact wording of the change.

**RISK MANAGEMENT:** Please enter required liability coverage on pages: 12 AND 13

**PRODUCT ONLY** ☐

This is an Annual contract. Estimated Expenditure: \$350,000 annually

REVIEW SEQUENCE	REVIEW AUTHORITY	REVIEW DATE	REVIEW SIGNATURE	COMMENTS (Attach Separate page if necessary)	COMMENTS INCORPORATED
1.	Purchasing Dept. Amelia McFarlane, PA Joe Lauro, Director, Candy Mancuso, Asst. Director	6/19/08 4/17	<i>Amelia McFarlane</i>	Note to reviewers: Please provide responses to questions/concerns made by Purchasing, if applicable at the time. See comments	
2.	Using Department Maureen Freaney/Lynn Kiehney/ Clark Scott	6/18/08 6/18/08	<i>Lynn Kiehney</i>		
Using Dept please check attached vendor list. Circle vendors you want bids mailed to. Add additional vendors with complete information (Name, Address, Phone and Fax)					
3.	Risk Management Attn: Loretta Hunter (Check applicable box at right)	6/20/08	<i>Loretta Hunter</i>	See pg 12 and	HIGH RISK <input checked="" type="checkbox"/> NOT HIGH RISK
4.	BCC Finance Attn: Cassandra Williams	6/23/08	<i>CBW</i>	P. 10 of 27 - Recommend leave CPI increase @ 3%. Can always amend later.	<i>CBW</i>
5.	Asst. County Administrator Attn: Elithia Standfield	6/24/08	<i>EWS</i>		
6.	Asst. County Administrator Attn: Mark Woodard	6/24/08	<i>MW</i>		
7.	Legal Attn: Michelle Wallace/Carl Brody	6/24/08 6/25/08	<i>MW</i>	Agreement Attached	

**\*\*RETURN ALL DOCUMENTS TO PURCHASING\*\***

Make all inquiries to:	Amelia McFarlane, CPPB Senior Procurement Analyst	at Extension 43149
In order to meet the following schedule, please return your requirements to Purchasing by: 6/24/08		

06/2006 (ag)

TENTATIVE DATES
Legal Ad-BID/RFP Mail Out: TBD
BID/RFP Opening: TBD
Board/County Admin/Purchasing Director Approval: TBD

## AGREEMENT

THIS AGREEMENT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "County", represented by its Board of County Commissioners, and \_\_\_\_\_, hereinafter referred to as the "Contractor".

### WITNESSETH:

WHEREAS, County has previously determined that it has a need for DENTAL SERVICES FOR THE HEALTH & HUMAN SERVICES DEPARTMENT; and

WHEREAS, County, after soliciting competitive proposals for such services pursuant to Pinellas County Request for Proposal, RFP No. 078-0482-P (hereinafter Request for Proposal or RFP), County has awarded this contract to Contractor; and

WHEREAS, Contractor has represented that it is able to satisfactorily provide the services according to the terms and conditions of the Request for Proposal, which are incorporated herein by reference, and the terms and conditions contained herein; and

NOW THEREFORE, in consideration of the above and mutual covenants contained herein, the parties agree as follows:

1. Services to be Performed. The Contractor hereby agrees to provide the County with DENTAL SERVICES FOR THE HEALTH & HUMAN SERVICES DEPARTMENT, as requested and more specifically outlined in the Request for Proposal, this Agreement and all subsequent official documents that form the Contract Documents for this Agreement.

2. Time of Service. Services shall be performed in a timely manner, as specified in the Request for Proposal.

3. Term of Agreement/Option of Renewal. Services performed pursuant to this Contract shall commence upon execution of this agreement and continue for a period of TWENTY-FOUR (24) months, unless canceled or terminated as provided herein. This Contract may be renewed, by written agreement of the parties, for TWO (2) additional TWENTY-FOUR (24) month period(s) after the initial contract period. This option shall be exercised only if all discounts/prices, terms and conditions remain the same, and approval is granted by the County Administrator or Director of Purchasing.

4. Amendment of the Contract. This Contract may be amended only by mutual written agreement of the parties.

5. Assignment/Subcontracting. The Contractor shall perform this contract. No assignment or subcontracting shall be allowed without the prior written consent of the County. In the event of a corporate acquisition and/or merger, the Contractor shall provide written notice to the County within thirty (30) business days of Contractor's notice of such action or upon the occurrence of said action, whichever occurs first. The right to terminate this contract, which shall not be unreasonably exercised by the County, shall include, but not be limited to, instances in which a corporate acquisition and/or merger represent a conflict of interest or are contrary to any local, state or federal laws. Action by the County awarding a proposal to a proposer which has disclosed its intent to assign or subcontract in its response to the RFP, without exception shall constitute approval for purposes of this Agreement.

6. Cancellation. Pinellas County reserves the right to cancel this Contract, without cause, by giving thirty (30) days prior written notice to the Contractor of the intention to cancel, or with cause if at any time the Contractor fails to fulfill or abide by any of the terms or conditions specified.

Failure of the Contractor to comply with any of the provisions of this contract shall be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Pinellas County.

In addition to all other legal remedies available to County, County reserves the right to cancel and obtain from another source any services which have not been provided within the period of time stated in the proposal, or if no such time is stated, within a reasonable period of time from the date of order or request, as determined by County.

In addition, in the event that sufficient budgeted funds are not available for a new fiscal period, the County shall notify the Contractor of such occurrence and the Contract shall terminate on the last day of the then current fiscal period without penalty or expense to the County.

7. . Compensation. County shall pay Contractor upon Contractor's completion of, and County's acceptance of, the services required herein, as specified in the Request for Proposal. Prices shall remain firm for the duration of the contract. All payments shall be made in accordance with the Local Government Prompt Payment Act, Fla. Stat. § 218.70, et. seq.

Contract renewals will allow for price adjustments in an amount not to exceed the average of the Consumer Price Index (CPI) for all Urban Consumers, Series Id: CUUR000SA0, Not Seasonally Adjusted, Area: U.S. city average, Item: All Items, Base Period: 1982-84=100, for the twelve months prior to renewal, or **three percent (3%)**, whichever is less.

8. Permits/ Licenses. Contractor must secure and maintain any and all permits and licenses required to complete this contract.

9. Audit. The Contractor shall retain all records relating to this contract for a period of at least three (3) years after final payment is made. All records shall be kept in such a way as will permit their inspection pursuant to Chapter 119, Florida Statutes. In addition, Pinellas County reserves the right to audit such records pursuant to Pinellas County Code, Section 2-176(j).

10. Minimum Insurance Requirements. The Contractor must maintain insurance in at least the amounts required in the Request for Proposal throughout the term of this contract. The Contractor must provide a Certificate of Insurance in accordance with Insurance Requirements, Section C of the Request for Proposal, evidencing such coverage prior to issuance of a purchase order or commencement of any work under this Contract. Contractor shall ensure that any subcontractors or persons hired by subcontractors maintain the same level of insurance coverage as the Contractor.

11. Indemnification. Contractor shall indemnify, pay the cost of defense, including attorneys' fees, and hold harmless the County from all suits, actions or claims of any character brought on account of any injuries or damages received or sustained by any person, persons or property by or from the said Contractor; or by, or in consequence of any neglect in safeguarding the work; or by the use of unacceptable materials in the construction of improvements; or by or on account of any act or omission, neglect or misconduct of the said Contractor; or by, or on account of, any claim or amounts recovered under the "Workers' Compensation Law" or of any other laws, by-laws, ordinance, order or decree, except only such injury or damage as shall have been occasioned by the sole negligence of the County. The first ten dollars (\$10.00) of compensation received by the Contractor represents specific consideration for this indemnification obligation.

12. Governing Law. The laws of the State of Florida shall govern this Agreement.

13. Independent Contractor Status and Compliance with the Immigration Reform and Control Act of 1986. The Contractor is and shall remain an independent contractor and is neither agent,

employee, partner, nor joint venturer of County. Contractor acknowledges that it is responsible for complying with the provisions of the Immigration Reform and Control Act of 1986 located at 8 U.S.C. 1324, et. seq., and regulations relating thereto, as either may be amended from time to time. Failure to comply with the above provisions shall be considered a material breach and shall be grounds for immediate termination of the Contract, at the discretion of Pinellas County.

14. Severability. The terms and conditions of this agreement shall be deemed to be severable. Consequently, if any clause, term, or condition hereof shall be held to be illegal or void, such determination shall not affect the validity or legality of the remaining terms and conditions, and notwithstanding any such determination, this agreement shall continue in full force and effect unless the particular clause, term, or condition held to be illegal or void renders the balance of the agreement impossible to perform.

15. Documents Comprising Contract. The Contract shall include this Agreement for DENTAL SERVICES FOR THE HEALTH & HUMAN SERVICES DEPARTMENT, as well as the following documents, which are incorporated herein by reference.

- a. Pinellas County's Request for Proposal and all of its addenda and attachments issued on \_\_\_\_\_, 2008;
- b. Contractor's Certificate of Insurance required under Section C of the Request for Proposal;
- c. Negotiated Dental Rates; and
- d. Contractor's Proposal.

If there is a conflict between the terms of this Agreement and the above referenced documents, then the conflict shall be resolved as follows: the terms of this Agreement shall prevail over the other documents, and the terms of the remaining documents shall be given preference in their above listed order.

IN WITNESS WHEREOF the parties herein have executed this Agreement for DENTAL SERVICES FOR THE HEALTH & HUMAN SERVICES DEPARTMENT pursuant to RFP No. 078-0482-P as of the day and year first written above.

PINELLAS COUNTY, FLORIDA  
by and through its Board of  
County Commissioners

\_\_\_\_\_  
Chairman

ATTEST:  
KEN BURKE

By: \_\_\_\_\_  
Deputy Clerk

CONTRACTOR

\_\_\_\_\_  
President (Signature)

\_\_\_\_\_  
President (Printed Name)

[Corporate Seal]

ATTEST:

By: \_\_\_\_\_  
(Attesting Witness' name/title)

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Office of the County Attorney



OUR CURRENT RATE	OUR Proposed RATE
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<b>EXAM</b>			
EMERGENCY OR LTD ORAL	D00130C-D00140C	\$31.00	\$36.00
<b>SINGLE XRAY</b>	<b>D00220C</b>	\$7.75	\$9.00
<b>EXTRACTION</b> ROUTINE	<b>D07110C</b>	\$57.50	\$65.00
<b>SURGICAL</b> <b>EXTRACTION</b>	<b>D07220C</b>	\$75.00	\$85.00
		\$75.00	\$75.00 <i>Correction</i>
<b>ROOT REMOVAL</b>	<b>D07130C</b>	<del>\$57.50</del>	<del>\$65.00</del>
		<del>\$303.75</del>	<del>\$335.00</del> <i>Disregard Totals</i>

\_\_\_\_\_ **AGREE WITH PROPOSED RATES**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**

## DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
<b>1.1      <u>CLINICAL ORAL EXAMINATIONS</u></b>			
INITIAL ORAL EXAMINATION	D00110C – D00150C	<u>\$21.00</u>	\$23.00
EMERGENCY ORAL EXAM	D00130C – D00140C	<u>\$31.00</u>	<u>\$36.00</u>
<b>1.2      <u>RADIOGRAPHS</u></b>			
INTRAORAL-COMPLETE SERIES (14 FILMS PLUS 2 BITEWINGS)	D00210C	<u>\$39.00</u>	\$43.00
INTRAORAL-PERiapical-SINGLE	D00220C	<u>\$7.75</u>	<u>\$9.00</u>
INTRAORAL-PERiapical-SINGLE (EACH ADDITIONAL FILM)	D00230C	<u>\$4.75</u>	\$5.00
<b>1.3      <u>RADIOGRAPHS-OTHER PROCEDURES</u></b>			
INTRAORAL OCCLUSAL FILM	D00240C	<u>\$9.75</u>	\$11.00
BITEWING, SINGLE FILM	D00270C	<u>\$7.75</u>	\$9.00
BITEWING, TWO FILMS	D00272C	<u>\$11.00</u>	\$12.00
BITEWING, FOUR FILMS	D00274C	<u>\$16.75</u>	\$18.00
PANORAMIC FILM	D00330C	<u>\$37.50</u>	\$41.00
<b>1.4      <u>DENTAL PROPHYLAXIS</u></b>			
ADULT-SCALING & POLISHING	D01110C	<u>\$29.50</u>	\$32.00
PERIODONTAL PROPHYLAXIS	D04910C	<u>\$36.50</u>	\$40.00

## DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
PERIODONTAL SCALING & ROOT PLANING (PER QUAD)	D04341C	<u>\$84.00</u>	\$50.00
OCCLUSAL ADJUSTMENT	D09951C	<u>\$15.00</u>	\$16.00
GINGIVECTOMY, PER TOOTH	D04211C	<u>\$79.00</u>	\$79.00
<b>1.5      <u>TOPICAL FLUORIDE TREATMENT</u></b>			
TOPICAL APPLICATION OF FLUORIDE		<u>\$12.50</u>	\$14.00
<b>1.6      <u>AMALGAM RESORATIONS</u>             <u>(INCLUDING POLISHING)</u></b>			
AMALGAM-ONE SURFACE	D02140C	<u>\$35.50</u>	\$39.00
AMALGAM-TWO SURFACES	D02150C	<u>\$50.00</u>	\$55.00
AMALGAM-THREE SURFACES PERMANENT	D02160C	<u>\$62.50</u>	\$69.00
AMALGAM-FOUR OR MORE SURFACES PERMANENT	D02161C	<u>\$70.00</u>	\$77.00
<b>1.7      <u>COMPOSITE (RESIN) RESTORATIONS</u></b>			
RESIN-ONE SURFACE	D02330C	<u>\$57.50</u>	\$58.00
RESIN-TWO SURFACES	D02331C	<u>\$62.00</u>	\$62.00
RESIN-THREE SURFACES	D02332C	<u>\$72.00</u>	\$72.00
RESIN-FOUR OR MORE SURFACES INVOLVING INCISAL ANGLE	D02335C	<u>\$86.50</u>	\$95.00

# DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
<b>1.8     <u>OTHER RESTORATIVE SERVICES</u></b>			
CROWN,ACRYLIC,LABORATORY	D02710C	<u>\$182.00</u>	\$180.00
RECEMENT CROWN/INLAY	D02910C	<u>\$25.00</u>	\$27.00
SEDATIVE FILLING	D02940C	<u>\$21.00</u>	\$23.00
CROWN BUILD-UP, INCLUDING PINS	D02950C	<u>\$94.00</u>	\$103.00
PIN RETENTION, PER TOOTH IN ADDITION TO RESTORATION	D02951C	<u>\$19.00</u>	\$19.00
POST & CORE BUILD-UP	D02954C	<u>\$141.00</u>	\$100.00
<b>1.9     <u>PULP CAPPING</u></b>			
PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	D03110C	<u>\$20.00</u>	\$22.00
PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	D03120C	<u>\$20.00</u>	\$22.00
ROOT CANAL (ONE CANAL)	D03310C	<u>\$312.00</u>	\$300.00
<b>1.10     <u>SURGICAL SERVICES-PERIODONTICS</u></b>			
GINGIVECTOMY, PER TOOTH	D04211C	<u>\$79.00</u>	\$79.00
<b>1.11     <u>SURGICAL EXTRACTIONS-INCLUDES LOCAL ANESTHESIA AND ROUTING POSTOPERATIVE CARE</u></b>			
SINGLE TOOTH	D07110C-D07140C	<u>\$57.50</u>	\$65.00

## DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
EACH ADDITIONAL TOOTH	D07120C	<u>\$55.00</u>	\$60.00
POST OP FOR DRY SOCKET	D00072C	<u>\$ N/C</u>	\$ N/C
SURGICAL EXTRATIONS IMPACTED TOOTH SOFT TISSUE	D07220C	<u>\$75.00</u>	<del>\$85.00</del>
ROOT REMOVAL	D07130C	<u>\$75.00</u>	<u>\$75.00</u>
REMOVAL OF IMPACTED TOOTH PARTIALLY BONY	D07230C	<u>\$105.00</u>	\$115.00
			<del>\$160.00</del>
BONY IMPACTION	D07240C	<u>\$146.00</u>	<del>\$110.00</del>
SUPERNUMERARY EXTRAC TION	D07241C	<u>\$94.00</u>	\$103.00
TORI REDUCTION	D07470C	<u>\$156.00</u>	\$172.00
SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	D07250C	<u>\$91.00</u>	\$100.00
REMOVAL OF CYST UP TO 1.25C	D07450C	<u>\$122.00</u>	\$134.00
REMOVAL OF CYST OVER 1.25C	D07451C	<u>\$155.00</u>	\$170.00
TREATMENT OF COMPLICATIONS (POST SURGICAL)	D09930C	<u>\$ N/C</u>	\$ N/C
ALVEOPLASTY (PER QUAD) W OR W/O EXTRACTION	D07310C	<u>\$84.00</u>	\$75.00
<b>1.12    <u>DENTURE PROCEDURES</u></b>			
COMPLETE UPPER DENTURE	D05110C	<u>\$422.00</u>	\$464.00
COMPLETE LOWER DENTURE	D05120C	<u>\$422.00</u>	\$464.00

## DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
UPPER PARTIAL ACRYLIC W/CLASPS	D05211C	\$ <u>312.00</u>	\$275.00
LOWER PARTIAL ACRYLIC W/CLASPS	D05212C	\$ <u>312.00</u>	\$275.00
RELINE COMPLETE DENTURE – UPPER LOWER	D05731C	\$ <u>140.00</u>	\$120.00
UPPER PARTIAL-HIGH NOBLE CAST BASE W/ACRYLIC SADDLES	D05215C – D05213C	\$ <u>575.00</u>	Delete Code
LOWER CAST PARTIAL-HIGH NOBLE CAST BASE W/ACRYLIC SADDLES	D05216C – D05214C	\$ <u>575.00</u>	Delete Code
ADJUST PARTIAL DENTURE- UPPER	D05421C	\$ <u>21.00</u>	\$23.00
ADJUST PARTIAL DENTURE-LOWER	D05422C	\$ <u>21.00</u>	\$23.00
REPAIR BROKEN COMPLETE DENTURE	D05510C	\$ <u>52.00</u>	\$57.00
REPLACE MISSING OR BROKEN TEETH COMPLETE DENTURE (EACH TOOTH)	D05520C	\$ <u>52.00</u>	\$57.00
PARTIAL DENTURES-REPAIR ACRYLIC SADDLE OR BASE	D05610C – D05620C	\$ <u>52.00</u>	\$57.00
PARTIAL DENTURES-REPLACE BROKEN TEETH (PER TOOTH)	D05640C-D05670C (UPPER) D05671C (LOWER)	\$ <u>52.00</u>	\$57.00
ACRYLIC FLIPPER – UPPER LOWER	D05820C D05821C	\$ <u>312.00</u>	\$175.00
REPAIR OR REPLACE BROKEN CLASP	D05630C	\$ <u>52.00</u>	\$57.00

## DENTAL PROCEDURE CODES AND COSTS

<u>PROCEDURE</u>	<u>CODE</u>	<u>Current PRICE</u>	<u>Proposed PRICE</u>
1.13 <u>ANESTHESIA</u>			
LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE/ SURGICAL PROCEDURES	D09210C	\$ <u>N/C</u>	\$ N/C
LOCAL ANESTHESIA	D09215C	\$ <u>N/C</u>	\$ N/C
ANESTHESIA,INTRAVENOUS SEDATION	D09240C	\$ <u>N/C</u>	\$ N/C
NITROUS	D09248C	<u>\$57.00</u>	\$60.00
1.14 <u>MISCELLANEOUS PROCEDURES</u>			
APPLICATION OF DESENSITIZING MEDICATION	D009910C	<u>\$13.50</u>	\$15.00

\_\_\_\_\_ AGREE WITH PROPOSED RATES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**PINELLAS COUNTY EVALUATION CRITERIA TABULATION SHEET**

**RFP TITLE: Dental Services For Health and Human Services Department  
RFP #: 078-0482-P**

	COMPANY NAME	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	TOTAL POINTS	TOTAL AVERAGE	RANK
		Dave Blasewitz	Lynne Kiehne	Carol McKinney	Clark Scott	Dr. Paulette Thompson			
1	Anthony R. Cheslock, DDS	566.50	504.00	579.00	604.00	529.00	2782.50	556.50	4
2	Neil M. Brodsky DDS PA D/B/A Central Dental Arts	900.00	925.00	925.00	925.00	925.00	4600.00	920.00	2
3	Reconstructive Dentistry Inc.	763.15	750.65	763.15	775.65	738.15	3790.75	758.15	3
4	TMJ & Facial Pain Center D/B/A Arbor Dental Care	925.00	925.00	925.00	925.00	925.00	4625.00	925.00	1

Date: July 30, 2008