

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT



July 1, 2022

RELIANCE MEDICAL GROUP LLC.
3451 N. BUTLER AVE.
FARMINGTON, NEW MEXICO 87401

ATTENTION: KENNARD STRADLINE, PRESIDENT

REFERENCE: 164 Review 017690/Agreement



Dear Kennard:

Attached please find your copy of the approved Agreement (CO15403) with the Navajo Nation Environmental Protection Agency (EPA). The Agreement has been awarded in the amount of \$22,697.00. The term of the Agreement will commence on October 1, 2021 and expires on September 30, 2022.

The above contract number must be referenced on all invoices, documents, and correspondence as it relates to this contract.

Should you have any questions, please contact Dariel Yazzie at 928-871-7325.

Sincerely,

A handwritten signature in blue ink that reads "J. Ben".

Jeremy Ben, Accounting Manager
OOC – Contract Administration

xc: Dariel Yazzie, Navajo Nation EPA
Cherise Natani, Contract Accounting/Navajo Nation Office of the Controller-Fiscal Recovery Office
Dorthene Edison, Contract Accounting/Navajo Nation Office of the Controller
Contract Folder: CO15403

NAVAJONATION OFFICE OF THE CONTROLLER

POST OFFICE BOX 3150 · WINDOW ROCK, AZ 86515 · PHONE: (928) 871-6308 · FAX: (928) 871-6026

SERVICES CONTRACT

ATTACHMENT A- Mutual Promises and Agreements

This Services Contract ("Contract") is made and entered into by and between the Navajo Nation, hereinafter called the "NATION" and Reliance Medical Group, LLC, hereinafter called the "CONSULTANT." Collectively, the NATION and the CONSULTANT are the "PARTIES." The PARTIES agree as follows:

1. **Contract Term.** The NATION agrees to use the non-exclusive services of the CONSULTANT beginning October 01, 2021, and ending September 30, 2022.
2. **Scope of Work.** The CONSULTANT agrees to perform the services described in ATTACHMENT B - Scope of Work ("Scope of Work"). Any changes to the Scope of Work must be agreed to by the PARTIES through a formal Modification of the Contract pursuant to Paragraph 13 below.
3. **Compensation.** The NATION agrees to compensate the CONSULTANT for services performed under this Contract by paying a sum not to exceed \$ 22,697.00, as per EXHIBIT A – Accounting Codes and Budget, to include the Navajo Nation and local government sales tax amounts described in Paragraph 18, below, for work performed within the territorial jurisdiction of the NATION.
4. **Authorized Representative.** The CONSULTANT shall work with the Navajo Envir Protection A (Contracting Program), and its Authorized Representative, Dariel Yazzie, Envir Prog Su, in the performance of work or services under this Contract. No payment shall be made unless said Authorized Representative approves the work performed or services provided under this Contract and has approved the invoice(s) submitted by the CONSULTANT. Only the Authorized Representative or someone formally delegated by the Authorized Representative may assign tasks under the Scope of Work. All invoiced expenditures must be supported by receipts.
5. **Contract Number.** Contract Number C-_____ shall cover this Contract, and reference to this number shall be made on all invoices submitted by the CONSULTANT to the NATION for payment.
6. **Availability of Funds.** The liability of the NATION under this Contract is contingent upon the availability of funds. Pursuant to 2 N.N.C. §223(B), all contracts shall have sufficient funds available to perform the services under the Contract.
7. **Travel Expenses.** The PARTIES recognize that the CONSULTANT may incur reasonable travel expenses in connection with providing services to the NATION. For said travel expenses to be eligible for reimbursement hereunder, the Authorized Representative must approve the travel in writing before said expenses are incurred.
8. **Consultant is an Independent Contractor.** Neither CONSULTANT nor its employees are, or shall be deemed, NATION employees. In its capacity as an independent contractor, CONSULTANT agrees and represents, and the NATION agrees, that CONSULTANT: (a) has the sole right to control and direct the means, manner, and method by which the services will be performed; (b) shall utilize its own employees, facilities, equipment, tools, and supplies in performing the services; (c) is not eligible to participate in, and is not eligible for coverage under any NATION employee benefit plans or offerings; and (d) is free to make its services available to third parties. Nothing in this Contract shall be construed to create any agency or employment relationship between CONSULTANT or any of its employees and the NATION. Neither Party shall have any right, power, or authority to assume, create, or incur any expense, liability, or obligation, express or implied, on behalf of the other. The

CONSULTANT is responsible for payment of all taxes related to this Contract, and except as otherwise provided in Section 18 below, the **NATION** is not responsible for withholding, and shall not withhold, income taxes, FICA, unemployment taxes, or other taxes of any kind from any payment it owes to **CONSULTANT**, nor shall the **NATION** be responsible for remitting the employer's share of employment taxes to federal or state governments.

9. **The Nation's Ownership of Work Product.** The product(s) and title of the **CONSULTANT'S** work and services under this Contract shall be and will remain the property of the **NATION**. The **NATION** may use the work product for any purpose without prior approval or additional payment.
10. **The Nation's Right to Inspect Place of Business and to Inspect and Audit Books and Records.** The **CONSULTANT** agrees that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the **CONSULTANT** that is related to the performance of this Contract; and **CONSULTANT** further agrees that the **NATION** may, at reasonable times and places, inspect and audit the **CONSULTANT'S** books and records to the extent that such books and records relate to the performance of this Contract. The **CONSULTANT** shall maintain such books and records, and such books and records of any Subcontractor, for at least five (5) years from the date of final payment under this Contract. Further, **CONSULTANT** agrees to include in any Subcontractor agreement related to this Contract, provisions that the Subcontractor agrees (a) that the **NATION** may, at reasonable times, inspect the part of the plant or place of business of the Subcontractor that is related to the performance of this Contract; (b) that the **NATION** may, at reasonable times and places, inspect and audit the Subcontractor's books and records to the extent that such books and records relate to the performance of this Contract; and (c) that the Subcontractor shall maintain its books and records related to the performance of this Contract for at least five (5) years from the date of the **CONSULTANT'S** final payment under this Contract.
11. **Contact Information: Final Invoice.** Copies of all correspondence, reports, and invoices under this Contract shall be furnished to:

<i>Insert the NATION'S and the CONSULTANT'S contact and contact information:</i>	
<u>Accounting Supervisor</u>	<u>Dr. Kennard Stradling, President</u>
<u>Contract Administration</u>	<u>Reliance Medical Group, LLC</u>
<u>The Navajo Nation</u>	<u>3451 N. Butler Avenue</u>
<u>Post Office Box 3150</u>	<u>Farmington, New Mexico 87401</u>
<u>Window Rock, Arizona 86515</u>	

NOTE: The final invoice will be due within thirty (30) days after the Contract ends.

12. **Indemnification.** The **CONSULTANT** agrees to hold harmless and indemnify the **NATION** against any and all losses, costs, damages, claims, accident or injury to person or property including death, attorneys' fees, expenses, and other liability whatsoever (collectively, "Claims"), arising under, related to, or in connection with this Contract, except to the extent such Claims are directly caused by the gross negligence or wanton and willful conduct of the **NATION** or to the extent they result from the negligence of **NATION** officials or employees as provided for and in accordance with 1 N.N.C. §§551 *et seq.*
13. **Modifications.** Any modifications to this Contract shall be made only by written amendment, signed and executed by all parties to this Contract. If a cost-based selection method, such as the submission and evaluation of bids, was used to procure this Contract, any amendment to increase this Contract that exceeds twenty percent (20%) of the original accepted bid amount shall be handled pursuant to 2 N.N.C. §223(F).

14. **Disputes; No Waiver of Sovereign Immunity.** Any and all disputes arising under, related to, or in connection with this Contract will be resolved first through negotiation between the **PARTIES** under the laws of the **NATION**. If negotiation does not resolve the dispute, the **NATION** may pursue legal action. Nothing herein shall be construed as a waiver of the **NATION'S** sovereign immunity.
15. **Termination.** The **NATION** may terminate this Contract at any time upon ten (10) days advance written notice to the **CONSULTANT**, in the event that: (a) the **NATION**, in its sole discretion, determines the **CONSULTANT'S** work or services provided are not satisfactory; (b) the **CONSULTANT** fails to submit reports and other documents as requested by the **NATION** within defined time schedules to the satisfaction of the **NATION**; (c) the **CONSULTANT** fails to submit verification of invoices to the **NATION** for payment to the satisfaction of the **NATION**; (d) the **CONSULTANT** is in breach of any material term or condition of this Contract; or (e) funds are not appropriated or otherwise made available to support continuation of this Contract.
16. **Applicable Law and Jurisdiction.** The **CONSULTANT** shall comply with all Navajo Nation laws, as they may be amended from time to time, including, but not limited to, the Navajo Business and Procurement Act, 12 N.N.C. §§1501 *et seq.*, the Navajo Preference in Employment Act, 15 N.N.C. §§601 *et seq.*, the Navajo Nation Business Opportunity Act, 5 N.N.C. §§201 *et seq.*, the Navajo Nation Corporation Act, 5 N.N.C. §§3101 *et seq.*, the Navajo Nation Limited Liability Company Act, 5 N.N.C. §§3600 *et seq.*, and the Navajo Uniform Commercial Code, 5A N.N.C. §§1-101 *et seq.*, and applicable regulations. The **CONSULTANT** agrees to be subject to the jurisdiction of Navajo Nation courts and tribunals.
17. **Pre-Contract Costs.** Costs incurred before the finalization of this Contract deemed reasonable, allowable, and allocable to performance of the Contract as agreed to by the **PARTIES** may be paid under this Contract.
18. **Navajo Nation Taxes.** The **CONSULTANT** shall comply with all applicable Navajo Nation tax laws under Title 24 of the Navajo Nation Code and corresponding regulations. The **CONSULTANT** is subject to and shall be liable for payment of the Navajo Nation Sales Tax, at the prevailing rate, on gross receipts for all work performed within the territorial jurisdiction of the Navajo Nation pursuant to 24 N.N.C. §§601 *et seq.*, and the Navajo Nation Sales Tax Regulations §§6.101 *et seq.*, as amended from time to time, except that work performed within the To'Nanees'Dizi Local Government ("Tuba City Chapter") or the Kayenta Township is subject to their respective local sales taxes as amended from time to time. In addition to being subject to Navajo Nation Sales Tax, the **CONSULTANT** is subject to local sales tax on gross receipts for all work performed within a governance-certified chapter that imposes a local sales tax pursuant to a duly enacted local tax ordinance and the Uniform Local Tax Code, 24 N.N.C. §§150 *et seq.*

The **CONSULTANT** shall segregate, on each invoice, the work performed within and outside the territorial jurisdiction of the Navajo Nation, and within and outside the jurisdictions of governance-certified chapters that impose a local sales tax. The **NATION** shall withhold from each payment to the **CONSULTANT** the applicable Navajo Nation Sales Tax and/or local sales tax due from the total invoice amount associated with work performed within the Navajo Nation and/or within governance-certified chapters that impose a local sales tax (excluding Tuba City Chapter and Kayenta Township). The amount withheld reflects the Navajo Nation Sales Tax and/or local sales tax due on such invoice amounts. The **NATION** shall transfer the withheld amount to the Office of the Navajo Tax Commission as payment of the Navajo Nation Sales Tax and/or local sales tax on behalf of the **CONSULTANT**. The **CONSULTANT** will then indicate on the quarterly tax return or returns required for the Navajo Nation Sales Tax and/or local sales tax that this amount

has been previously withheld and paid to the Office of the Navajo Tax Commission. It is hereby acknowledged that the NATION withholding amounts pursuant to this section in no way removes responsibility from the CONSULTANT as a taxpayer for timely filing of tax returns and timely payment of any other amounts, which may be owed for taxes.

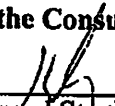
The CONSULTANT is subject to the Tuba City Chapter Sales Tax on gross receipts for all work performed within the Tuba City Chapter pursuant to the To'Nanees'Dizi Local Government Tax Code, as may be amended from time to time, and shall pay the sales tax directly to the Tuba City Chapter. The CONSULTANT is subject to the Kayenta Township Sales Tax on gross receipts for all work performed within the Kayenta Township pursuant to the Kayenta Township Tax Ordinances, as may be amended from time to time, and shall pay the sales tax directly to the Kayenta Township. The NATION shall not withhold this portion of the tax that is directly payable to Tuba City Chapter or Kayenta Township.

The CONSULTANT is solely responsible for the payment of all applicable taxes.

19. **Consultant Debarment; Suspension.** If the CONSULTANT in its present form or any other identifiable capacity as an individual, business corporation, partnership or other entity is deemed ineligible, debarred, or suspended pursuant to the Navajo Business and Procurement Act, 12 N.N.C. §§1501, *et seq.* or the Navajo Nation Procurement Act, 12 N.N.C. §§301, *et seq.*, the CONSULTANT is not legally able to enter into this Contract, and this Contract shall be null and void unless the factors that warranted the ineligibility, debarment or suspension have been sufficiently addressed as provided by applicable Navajo Nation laws.
20. **Insurance Coverage.** The CONSULTANT shall obtain and maintain adequate insurance coverage as recommended and verified by the Navajo Nation Risk Management Program ("RMP") for the entire term of the Contract. The insurance coverage shall name the NATION as an additional insured as specified by the RMP, and the CONSULTANT shall notify the contracting program and the RMP, c/o The Navajo Nation, P.O. Box 1690, Window Rock, Arizona 86515 within five days of any change in the insurance policy. Proof of such insurance is attached as Exhibit C – Certificate of Insurance, which is made part of this Contract. The failure to fully comply with this provision shall render this Contract null and void.
21. **Conflicting and Additional Terms.** Any additional terms and conditions of the CONSULTANT are attached hereto and incorporated into this Contract, provided however that in the event of any conflict between the terms and conditions of this Contract and any of the CONSULTANT'S additional terms and conditions, the terms and conditions of this Contract shall control and govern. Any additional terms and conditions not attached to this Contract shall have no force or effect.


SIGNATURES OF THE CONTRACT

For the Consultant:


Kennard Stadling, President
Reliance Medical Group, LLC
3451 N. Butler Avenue
Farmington, NM 87401

Date 11/4/14

For The Navajo Nation:


Branch Chief
The Navajo Nation
Post Office Box 9000
Window Rock, Arizona 86515

Date 06-08-2022

SERVICES CONTRACT

ATTACHMENT B – Scope of Work (include timeframe)

FIRM NAME	<u>Reliance Medical Group, LLC</u>
ADDRESS	<u>3451 N. Butler Avenue</u>
	<u>Farmington, New Mexico 87401</u>
TELEPHONE NO.	<u>(505)566-1915</u>

SERVICES CONTRACT

EXHIBIT A – Accounting Codes and Budget

FIRM NAME Reliance Medical Group, LLC
 ADDRESS 3451 N. Butler Avenue
Farmington, New Mexico 87401
 TELEPHONE NO. (505) 566-1915

ACCOUNTING CODES

<u>Account Number</u>	<u>Account Name</u>	<u>Item Totals</u>
<u>K211504 - 6850</u>	<u>Diagnostic/Testing/Eval</u>	\$ <u>14,023.00</u>
<u>K171112 - 6850</u>	<u>Diagnostic/Testing/Eval</u>	\$ <u>3,800.00</u>
<u>K211100 - 6850</u>	<u>Diagnostic/Testing/Eval</u>	\$ <u>4,874.00</u>
TOTAL CONSULTANT FEES AND EXPENSES:		\$ <u>22,697.00</u>

Subcontracted Services \$22,697.00; Navajo Nation Tax (fees outside of NN) \$ 0.00

ATTACH A DETAILED BUDGET TO THIS EXHIBIT A USING THE FORMULAS BELOW.
The detailed budget total must match the totals above and the totals on Page 1 of the Contract.

 -*Cost Estimate-Fees*

\$ per day or per hour x work days or work hours outside the Navajo Nation: \$

\$ per day or per hour x work days or work hours within the Navajo Nation: \$

 % Navajo Nation tax on fees for work within the Navajo Nation: \$

Total Fees: \$

 -*Cost Estimate-Expenses*

Travel (miles x \$ per mile): \$

Meals (meals x \$ per meal): \$

Lodging (\$ per night x required overnight stays): \$

Airfare (\$ per trip x trips): \$

Materials, supplies, and goods (list each item and associated cost): \$

Total Expenses: \$

Reliance Medical Group, LLC
3451 N Butler Avenue
Farmington, NM 87401 505-566-1915

January 19, 2022

Navajo Nation EPA Superfund
Administration (ARPA)
PO Box 2946
Window Rock, AZ 86515

Re: Requested Quote
Annual Physical Exam for 1 Employees

To Whom This May Concern,

Thank you for the opportunity to provide this proposal for occupational medical services. We strive to provide the highest quality medical services in the community.

The items that you requested prices for are listed below:

Hazmat Physical	\$ 75.00
Audiogram	\$ 40.00
Chest X-ray, 2 View	\$278.00
Clinical Read	\$ 75.00
Cardiovascular Stress Test	\$384.00
Chem 23 w/CBC & UA	\$ 88.00
Respirator Fitness Exam (incl PFT & Questionnaire)	\$ 80.00
Respirator Fit Test (Quantitative)	\$ 50.00
EKG	\$ 70.00
Phosphorus Assay	\$ 19.00
Uric Acid (blood)	\$ 30.00
Lipid Panel	\$ 50.00
Venipuncture	\$ 0.00

Total	\$1239.00
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If you have any questions or require additional information, please contact me at 505-566-1915 ext 115 or rbaker@reliance505.com. Thank you again for your proposal request. We look forward to hearing from you.

Sincerely,

[Signature]

Rene' Baker – Billing Manager
Reliance Medical Group, LLC

**NAVAJO ENVIRONMENTAL PROTECTION AGENCY
ADMINISTRATION (ARPA)
ANNUAL PHYSICAL TESTING - FY'2022**

Contract: Reliance Medical Group, LLC
 Division/Department Name: Navajo Environmental Protection Agency - Administration (ARPA)
 Purpose: Annual Physical Exam (OSHA Requirement)

Employee Name	Position Title	HAZMAT PHYSICAL	Audio Gram	Chest X-ray, 2 View	Clinical Read	Cardiovascular Stress Test	Chem 23 w/ CBC & UA	Resp Phys (incl PPT & Questionn	Respiratory Fit Test (Quantitative)	Phosphorous Assay	Uric Acid (blood)	Lipid Panel	EKG	Venipuncture (No Charge)
1 DAYZIE, Shelby	Remedial Project Manager	√	√	√	√	√	√	√	√	√	√	√	√	√

Test/Cost:	Price	# of Staff	Total:
Hazmat Physical	\$ 75.00	1	\$ 75.00
Audio Gram	\$ 40.00	1	\$ 40.00
Chest X-ray, 2 View	\$ 278.00	1	\$ 278.00
Clinical Read	\$ 75.00	1	\$ 75.00
Cardiovascular Stress Test	\$ 384.00	1	\$ 384.00
Chem 23 w/CDC & UA	\$ 88.00	1	\$ 88.00
Resp Phys (incl PPT & Questionnaire)	\$ 80.00	1	\$ 80.00
Respirator Fit Test (Quantitative)	\$ 50.00	1	\$ 50.00
Phosphorous Assay	\$ 19.00	1	\$ 19.00
Uric Acid (Blood)	\$ 30.00	1	\$ 30.00
Lipid Panel	\$ 50.00	1	\$ 50.00
EKG	\$ 70.00	1	\$ 70.00
Venipuncture (No Charge)	\$ -	1	\$ -

Account Distribution:	
K211504-6850	\$ 1,239.00
Grand Total:	\$1,239.00

Per attached quote Total: \$ 1,239.00

Revised: 1/19/22:ld

Reliance Medical Group, LLC
8451 N Butler Avenue
Farmington, NM 87401 505-566-1915

January 19, 2022

Navajo Nation EPA Superfund
PO Box 2946
Window Rock, AZ 86515

Re: Requested Quote
Annual Physical Exam for 10 Employees

To Whom This May Concern,

Thank you for the opportunity to provide this proposal for occupational medical services. We strive to provide the highest quality medical services in the community.

The items that you requested prices for are listed below:

Hazmat Physical	\$75.00	x 10	\$750.00
Audiogram	\$40.00	x 10	\$400.00
Chest X-ray, 2 View	\$278.00	x 10	\$2780.00
Clinical Read	\$75.00	x 10	\$750.00
Cardiovascular Stress Test	\$384.00	x 10	\$3840.00
Chem 23 w/CBC & UA	\$88.00	x 10	\$880.00
Resp Fitness Exam (incl PFT & Quest)	\$80.00	x 10	\$800.00
Respirator Fit Test (Quantitative)	\$50.00	x 1	\$50.00
Phosphorous Assay	\$19.00	x 10	\$190.00
Uric Acid (blood)	\$30.00	x 10	\$300.00
Lipid Panel	\$50.00	x 10	\$500.00
EKG	\$70.00	x 10	\$700.00
Venipuncture	\$0.00	x 10	included at no charge
Total	\$1,239.00		\$11,940.00

If you have any questions or require additional information, please contact me at 505-566-1915 ext 115 or rbaker@reliance505.com. Thank you again for your proposal request. We look forward to hearing from you.

Sincerely,

[Signature]

Rene' Baker - Billing Manager
Reliance Medical Group, LLC

**NAVAJO ENVIRONMENTAL PROTECTION AGENCY
NAVAJO SUPERFUND PROGRAM
ANNUAL PHYSICAL TESTING - FY'2022**

Contract: Reliance Medical Group, LLC
Division/Department Name: Navajo Environmental Protection Agency - Navajo Superfund Program
Purpose: Annual Physical Exam (OSHA Requirement)

Employee Name	Position Title	HAZMAT PHYSICAL	Audio Gram	Chest X-ray, 2 View	Clinical Read	Cardiovascular Stress Test	Chem 23 w/ CBC & UA	Resp Phys (incl PPT & Questionnaire)	Respiratory Fit Test (Quantitative)	Phosphorous Assay	Uric Acid (blood)	Lipid Panel	EKG	Venipuncture (No Charge)	PSA (Male)	Heavy Metal
1 ARVISO, E.	Hydrologist	√	√	√	√	√	√	√		√	√	√	√	√		
2 BEGAY, D.	Environmental Specialist	√	√	√	√	√	√	√		√	√	√	√	√		
3 BEKIS, J.	Remedial Project Manager	√	√	√	√	√	√	√		√	√	√	√	√		
4 CRAIG, V.	Sr. Environmental Specialist	√	√	√	√	√	√	√		√	√	√	√	√		
5 DENETDEEL, T.	Sr. Environmental Specialist	√	√	√	√	√	√	√		√	√	√	√	√		
6 JENKINS, D.	GIS Analyst	√	√	√	√	√	√	√		√	√	√	√	√		
7 LEE, D.	Sr. Environmental Engineer	√	√	√	√	√	√	√		√	√	√	√	√		
8 MAPLES, P.	Environmental Specialist	√	√	√	√	√	√	√	√	√	√	√	√	√		
9 SILVERSMITH, L. M.	Sr. Remedial Project Manager	√	√	√	√	√	√	√		√	√	√	√	√		
10 YAZZIE, D.	Environmental Program Supervisor	√	√	√	√	√	√	√		√	√	√	√	√		

ACCOUNT NO: K211504

Test/Cost:	Price	# of Staff	Total:
Hazmat Physical	\$ 75.00	10	\$ 750.00
Audio Gram	\$ 40.00	10	\$ 400.00
Cardiovascular Stress Test	\$ 384.00	10	\$ 3,840.00
Chem 23 w/CDC & UA	\$ 88.00	10	\$ 880.00
Resp Phys (incl PPT & Questionnaire)	\$ 80.00	10	\$ 800.00
Respirator Fit Test (Quantitative)	\$ 50.00	1	\$ 50.00
Phosphorous Assay	\$ 19.00	10	\$ 190.00
Uric Acid (Blood)	\$ 30.00	1	\$ 30.00
Lipid Panel	\$ 50.00	10	\$ 500.00
EKG	\$ 70.00	10	\$ 700.00
Venipuncture (No Charge)	\$ -	10	\$ -

Per attached quote **Total: \$ 8,140.00**

ACCOUNT NO: K171112

Test/Cost:	Price	# of Staff	Total:
Chest X-ray, 2 View	\$ 278.00	10	\$ 2,780.00
Clinical Read	\$ 75.00	10	\$ 750.00
Uric Acid (Blood)	\$ 30.00	9	\$ 270.00

Per attached quote **Total: \$ 3,800.00**

Account Distribution:

K211504-6850 \$ 8,140.00
K171112-6850 \$ 3,800.00

Grand Total: \$11,940.00

Revised: 2/28/22:ld

Reliance Medical Group, LLC
3451 N Butler Avenue
Farmington, NM 87401 505-566-1915

January 19, 2022

Navajo Nation EPA Superfund
Waste Regulatory & Compliance Department
PO Box 2946
Window Rock, AZ 86515

Re: Requested Quote
Annual Physical Exam for 4 Employees

To Whom This May Concern,

Thank you for the opportunity to provide this proposal for occupational medical services. We strive to provide the highest quality medical services in the community.

The items that you requested prices for are listed below:

Hazmat Physical	\$75.00	x 4	\$300.00
Audiogram	\$40.00	x 4	\$160.00
Chest X-ray, 2 View	\$278.00	x 4	\$1112.00
Cardiovascular Stress Test	\$384.00	x 4	\$1536.00
Chem 23 w/CBC & UA	\$88.00	x 4	\$352.00
Respirator Fit Test (Quantitative)	\$50.00	x 4	\$200.00
EKG	\$70.00	x 4	\$280.00
PSA (male)	\$50.00	x 2	\$100.00
Heavy Metal	\$151.00	x 4	\$604.00
Venipuncture	\$0.00	x 4	included at no charge
Total	\$1186.00		\$4644.00

If you have any questions or require additional information, please contact me at 505-566-1915 ext 115 or rbaker@reliance505.com. Thank you again for your proposal request. We look forward to hearing from you.

Sincerely,

(Signature)

Rene' Baker - Billing Manager
Reliance Medical Group, LLC

**NAVAJO ENVIRONMENTAL PROTECTION AGENCY
WASTE REGULATORY COMPLIANCE DEPARTMENT
ANNUAL PHYSICAL TESTING - FY'2022**

Contract: Reliance Medical Group, LLC
Division/Department Name: Navajo Environmental Protection Agency - Waste Regulatory & Compliance Department
Purpose: Annual Physical Exam (OSHA Requirement)

Employee Name	Position Title	HAZMAT PHYSICAL	Audio Gram	Chest X-ray, 2 View	Clinical Read	Cardiovascular Stress Test	Chem 23 w/ CBC & UA	Resp Phys (incl PPT & Questionnaire)	Respiratory Fit Test (Quantitative)	Phosphorous Assay	Uric Acid (blood)	Lipid Panel	EKG	Venipuncture (No Charge)	PSA (Male)	Heavy Metal
1 Roan, W.	Environmental Department Manager	√	√	√		√	√		√				√		√	√
2 Yazzie, T.	Environmental Specialist	√	√	√		√	√		√				√			√
3 Charleston, N.	Environmental Specialist	√	√	√		√	√		√				√			√
4 Sherman, F.	Senior Environmental Specialist	√	√	√		√	√		√				√		√	√

Test/Cost:	Price	# of Staff	Total:
Hazmat Physical	\$ 75.00	4	\$ 300.00
Audio Gram	\$ 40.00	4	\$ 160.00
Chest X-ray, 2 View	\$ 278.00	4	\$ 1,112.00
Clinical Read	\$ 75.00	0	\$ -
Cardiovascular Stress Test	\$ 384.00	4	\$ 1,536.00
Chem 23 w/CDC & UA	\$ 88.00	4	\$ 352.00
Resp Phys (incl PPT& Questionnaire)	\$ 80.00	0	\$ -
Respirator Fit Test (Quantitative)	\$ 50.00	4	\$ 200.00
Phosphorous Assay	\$ 19.00	0	\$ -
Uric Acid (Blood)	\$ 30.00	0	\$ -
Lipid Panel	\$ 50.00	0	\$ -
EKG	\$ 70.00	4	\$ 280.00
Venipuncture (No Charge)	\$ -	4	\$ -
PSA (Male)	\$ 50.00	2	\$ 100.00
Heavy Metal	\$ 151.00	4	\$ 604.00
Total:			\$ 4,644.00

Account Distribution:	
K211504-6850	\$ 4,644.00
Grand Total:	\$4,644.00

Revised: 1/19/22:ld

Reliance Medical Group, LLC
3451 N Butler Avenue
Farmington, NM 87401 505-566-1915

January 19, 2022

Navajo Nation EPA Superfund
PWSSP
PO Box 2946
Window Rock, AZ 86515

Re: Requested Quote
Annual Physical Exam for 4 Employees

To Whom This May Concern,

Thank you for the opportunity to provide this proposal for occupational medical services. We strive to provide the highest quality medical services in the community.

The items that you requested prices for are listed below:

Hazmat Physical	\$ 75.00	x 4	\$300.00
Chest X-ray, 2 View	\$278.00	x 4	\$1112.00
Clinical Read	\$ 75.00	x 4	\$300.00
Cardiovascular Stress Test	\$384.00	x 4	\$1536.00
Chem 23 w/CBC & UA	\$ 88.00	x 4	\$352.00
Respirator Fitness Exam (incl PFT & Questionnaire)	\$ 80.00	x 4	\$320.00
Respirator Fit Test (Quantitative)	\$ 50.00	x 4	\$200.00
PSA (male)	\$ 50.00	x 3	\$150.00
Heavy Metal	\$151.00	x 4	\$604.00
TOTAL	\$1231.00		\$4874.00

If you have any questions or require additional information, please contact me at 505-566-1915 ext 115 or rbaker@reliance505.com. Thank you again for your proposal request. We look forward to hearing from you.

Sincerely,

Rene' Baker

Rene' Baker – Billing Manager
Reliance Medical Group, LLC

Contract: Reliance Medical Group, LLC
 Division/Department Name: Navajo Environmental Protection Agency - Navajo Public Water Systems Supervision Program (PWSSP)
 Purpose: Annual Physical Exam (OSHA Requirement)

	Employee Name	Position Title	HAZMAT PHYSICAL	Audio Gram	Chest X-ray, 2 View	Clinical Read	Cardiovascular Stress	Chem 23 w/ CBC & UA	Resp Phys (incl PPT & Questionnaire)	Respiratory Fit Test (Quantitative)	Phosphorous Assay	Uric Acid (blood)	Lipid Panel	EKG	Venipuncture (No Charge)	PSA (Male)	Heavy Metal
1	Chischilly, M.	Senior Environmental Specialist	√		√	√	√	√	√	√						√	√
2	Gene, Delfred	Civil Engineer	√		√	√	√	√	√	√						√	√
3	Morgan, Philbert	Environmental Specialist	√		√	√	√	√	√	√						√	√
4	Tannie, Valerie	Senior Programs & Projects Specialist	√		√	√	√	√	√	√							√

Test/Cost:	Price	# of Staff	Total:
Hazmat Physical	\$ 75.00	4	\$ 300.00
Audio Gram	\$ 40.00	0	\$ -
Chest X-ray, 2 View	\$ 278.00	4	\$ 1,112.00
Clinical Read	\$ 75.00	4	\$ 300.00
Cardiovascular Stress Test	\$ 384.00	4	\$ 1,536.00
Chem 23 w/CDC & UA	\$ 88.00	4	\$ 352.00
Resp Phys (incl PFT& Questionnaire)	\$ 80.00	4	\$ 320.00
Respirator Fit Test (Quantitative)	\$ 50.00	4	\$ 200.00
Phosphorous Assay	\$ 19.00	0	\$ -
Uric Acid (Blood)	\$ 30.00	0	\$ -
Lipid Panel	\$ 50.00	0	\$ -
EKG	\$ 70.00	0	\$ -
Venipuncture (No Charge)	\$ -	0	\$ -
PSA (Male)	\$ 50.00	3	\$ 150.00
Heavy Metal	\$ 151.00	4	\$ 604.00

Account Distribution:	
K211100-6850	\$ 4,874.00
Grand Total:	\$4,874.00

Total: \$ 4,874.00

Revised: 01/19/22:ld

Reliance

MEDICAL GROUP

INDUSTRIAL MEDICINE



JAN 10 2022

November 1, 2021

Over the past several years, we have been able to keep our prices unchanged. Unfortunately, in the past year we have seen supply increases from most of our major vendors. Consequently, effective December 1, 2021, we are raising our prices on many of our services by 7%.

We appreciate your business and will continue to do our best to serve you.

Thank you.

RELIANCE MEDICAL GROUP, LLC

3451 N BUTLER AVENUE

505-566-1915

Respirator

Respirator Fitness Exam (incl Resp Questionnaire & PFT)	\$ 85.00
Respirator Questionnaire	\$ 27.00
Pulmonary Function Test (PFT)	\$ 50.00
Respirator Fit Test (requires Questionnaire &/or PFT) Qualitative	\$ 32.00
Respirator Fit Test (requires Questionnaire &/or PFT) Quantitative	\$ 50.00

Physical Exams

Hazmat Physical	\$75.00
Post Offer Exam (non-DOT physical)	\$75.00 (includes tax)
DOT Exam (new hire & re-cert)	\$85.00 (includes tax)
DOT Card Re-issue	\$11.00
Sheriff's NMLEA Post Offer Physical	\$70.00
Return to Duty Exam	\$70.00

WorkSteps

Human Performance Evaluation (HPE)	\$132.00
WorkSteps (comprehensive)	\$160.00
WorkSteps (condensed)	\$140.00

Miscellaneous

FAA Exam (Class 2 & 3)	\$130.00
Dental Pre-op (self pay only)	\$ 35.00 (no tax)
Sports Physical (self pay only)	\$ 35.00 (no tax)
Audiogram	\$ 42.00
Audiogram with brief exam	\$ 72.00
Full Vision	\$ 40.00
EKG - 12 Leads w/ interpretation	\$ 70.00
Chest X-ray (1V)	\$165.00
Chest X-ray (2V)	\$278.00
DNA Testing (call for pricing)	****

Drug Screening/Breath Alcohol

Breath Alcohol Test (BAT)	\$ 28.00
Rapid DS	\$ 28.00
NDOT 10 Panel DS (our lab)	\$ 38.00
DOT 5 Panel DS (our lab)	\$ 48.00
Hair DS (our lab)	\$120.00
Collection Only (urine, saliva, blood) (send to another lab)	\$ 20.00
Hair Collection (send to another lab)	\$ 30.00

RELIANCE MEDICAL GROUP, LLC

3451 N BUTLER AVENUE

505-566-1915

Titers/Blood Tests (taxable)

Hep B Surface Antibody (titer)	\$ 45.00
Hep A Antibody (titer)	\$ 45.00
MMR Titer	\$ 65.00
Quantiferon Gold Test	\$200.00
CBC/Chem 23	\$ 75.00
CMP	\$ 53.00
Lipids Panel	\$ 32.00
Tuberculosis Test (TB/PPD)	\$ 21.00

Vaccinations (non-taxable)

Hepatitis B (3 shot series)	\$ 90.00 per shot
Tetanus/Diphtheria	\$ 50.00

After Hour/Onsite

After Hours Time (PA and Onsite) (Mon-Thur. 6:00pm-7:30am / Fri 6:00pm until Mon 7:30am)	\$ 47.00/hour
Onsite Time (Mon - Fri 7:30am - 6:00pm)	\$ 32.00/hour
Mileage for after hours/onsite services	\$ 0.50/mile

****Unless otherwise specified, all prices are plus tax. Current NM Gross Receipts Tax Rate is 8.375%.
All prices are effective December 1, 2021 and are subject to change.****

SERVICES CONTRACT

EXHIBIT B - Consultant Credentials

FIRM NAME	<u>Reliance Medical Group, LLC</u>
ADDRESS	<u>3451 N. Butler Avenue</u>
	<u>Farmington, New Mexico 87401</u>
TELEPHONE NO.	<u>(505) 566-1915</u>

FOR INTERNAL GUIDANCE ONLY - Include in this section:

1. Consultant's current resume. If Consultant is a firm, use the resume of the primary responsible party,
2. Signed Navajo Nation Certification Regarding Debarment and Suspension,
3. Completed and signed W-9 Form, and
4. Any other credentials that are relevant to the work in this contract.

National Registry of Certified Medical Examiners

NRCME ID #	NAME
6726835424	Kennard Stradling, MD
7460765182	Larry Welling, MD
4177680171	Nicholas Armano, PA-C
8181947996	Doug Shaffer, PA-C
2306193537	Lawrence Decker, PA-C
8710326035	Chad Silseth, DC

State License Numbers

State License #	Name
91-319 NM	Kennard Stradling, MD
2000-308 NM	Larry Welling, MD
PA-2006-0011 NM	Larry Decker, PA-C
PA-2005-0038 NM	Doug Shaffer, PA-C
PA-2017-0049 NM	Nick Armano, PA-C
1441 NM	Chad Silseth, DC

NAVAJO NATION CERTIFICATION
Regarding Debarment and
Suspension

Applicant acknowledges that to the best of his/her knowledge that their company and principal participants on this contract:


1. Are not debarred, suspended, or otherwise stated for debarment, ineligible and/or excluded from participation on Federal, State, and Tribal Government contracts etc.
2. Are not presently nor have been under criminal indictment or civilly charged by a governmental entity (Federal, State, and Tribal Government) for fraud, forgery, falsification, theft, bribery, destruction of records, receiving stolen property and other criminal offenses in the administration of a government contract.
3. Have not been terminated for cause or convenience by a governmental entity in the administration of a government contract (Federal, State, and Tribal Government).
4. If the Navajo Nation determines that the Certificate provided herein is not true, it will be grounds to terminate the contract and pursue other legal remedies.

Applicant's Address

Beliance Medical Group, LLC
3451 N. Butler Ave.
Farmington, NM
87401

Name & Signature of Applicant

James Holgate, V.P.
Type or Print Name


Signature

10-5-21
Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Reliance Medical Group LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **S**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 8):

Exempt payee code (if any) **5**

Exemption (from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.
2451 N Butler Ave

6 City, state, and ZIP code
Farmington, NM 87401

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

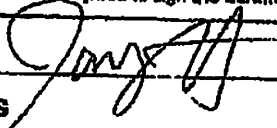
8	5	-	0	4	7	8	0	9	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ **3-1-21**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1099 (from mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

SERVICES CONTRACT

EXHIBIT C - Certificate of Insurance

FIRM NAME	<u>Reliance Medical Group, LLC</u>
ADDRESS	<u>3451 N. Butler Avenue</u>
	<u>Farmington, New Mexico 87401</u>
TELEPHONE NO.	<u>(505) 566-1915</u>

FOR INTERNAL GUIDANCE ONLY - Include in this section:

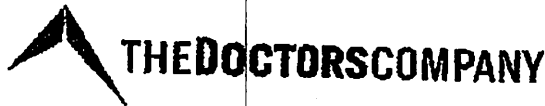
- 1. The Consultant's Certificate(s) of Insurance, and**
- 2. The Risk Management Program's (RMP) signed Memorandum which indicates that this particular Certificate of Insurance meets RMP's minimum insurance requirements.**



CERTIFICATE OF INSURANCE		Issue Date: 02/02/2021	
Effective Date: 03/19/2021		Professional Liability Policy Occurrence Coverage	
First Named Insured: Reliance Medical Group LLC 3451 N. Butler Avenue Farmington, NM 87401		IMPORTANT NOTICE: This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.	
Insured: Reliance Medical Group LLC			
Specialty: ENTITY - Entity			
Policy Number: 0824845		Policy Period: From: 03/19/2021 To: 03/19/2022	
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured		Agency and Address: The Doctors Company 7770 Jefferson Street NE, Suite 410 Albuquerque, NM 87109 (505)796-3413	
LIMITS OF LIABILITY			
Claim Limit:		\$200,000	
Aggregate Limit:		\$600,000	

- I. Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II. Photocopies of this document are deemed as valid as the original.
- III. The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- IV. If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- V. Participates in Patient Compensation Fund.

40.0824845.5.76.71747C



CERTIFICATE OF INSURANCE		Issue Date: 02/02/2021
Effective Date: 03/19/2021		Professional Liability Policy Occurrence Coverage
First Named Insured: Reliance Medical Group LLC 3451 N. Butler Avenue Farmington, NM 87401		IMPORTANT NOTICE: This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Insured: Nicholas M Armano PA	
Specialty: PHA01 - Physician Assistant	
Policy Number: 0824945	Policy Period: From: 03/19/2021 To: 03/19/2022
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured	Agency and Address: The Doctors Company 7770 Jefferson Street NE, Suite 410 Albuquerque, NM 87109 (505)796-3413
LIMITS OF LIABILITY	
Claim Limit:	\$200,000
Aggregate Limit:	\$600,000

- I. Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II. Photocopies of this document are deemed as valid as the original.
- III. The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- IV. If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- V. Participates in Patient Compensation Fund.

40.0824945-13.761714470



CERTIFICATE OF INSURANCE	Issue Date: 02/02/2021
Effective Date: 03/19/2021	Professional Liability Policy Occurrence Coverage
First Named Insured: Reliance Medical Group LLC 3451 N. Butler Avenue Farmington, NM 87401	IMPORTANT NOTICE: This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Insured: Kennard T Stradling MD	
Specialty: FGP02 - Urgent Care	
Policy Number: 0824945	Policy Period: From: 03/19/2021 To: 03/19/2022
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured	Agency and Address: The Doctors Company 7770 Jefferson Street NE, Suite 410 Albuquerque, NM 87109 (505)796-3413

LIMITS OF LIABILITY

Claim Limit:	\$200,000
Aggregate Limit:	\$600,000

- I. Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II. Photocopies of this document are deemed as valid as the original.
- III. The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- IV. If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- V. Participates in Patient Compensation Fund.

40.0824945.78.717470



THE DOCTORS COMPANY

CERTIFICATE OF INSURANCE	Issue Date: 02/02/2021
Effective Date: 03/19/2021	Professional Liability Policy Occurrence Coverage
First Named Insured: Reliance Medical Group LLC 3451 N. Butler Avenue Farmington, NM 87401	IMPORTANT NOTICE: This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Insured: Lawrence A Decker PA	
Specialty: PHAD1 - Physician Assistant	
Policy Number: 0824945	Policy Period: From: 03/19/2021 To: 03/19/2022
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured	Agency and Address: The Doctors Company 7770 Jefferson Street NE, Suite 410 Albuquerque, NM 87109 (505)796-3413

LIMITS OF LIABILITY

Claim Limit:	\$200,000
Aggregate Limit:	\$800,000

- I. Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II. Photocopies of this document are deemed as valid as the original.
- III. The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- IV. If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- V. Participates in Patient Compensation Fund.

40.082-045.11737174470



CERTIFICATE OF INSURANCE		Issue Date: 02/02/2021
Effective Date: 03/19/2021		Professional Liability Policy Occurrence Coverage IMPORTANT NOTICE: This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.
First Named Insured: Reliance Medical Group LLC 3451 N. Butler Avenue Farmington, NM 87401		

Insured: **Larry R Welling MD**

Specialty: **FGP02 - Family General Practice Min Surg No OB**

Policy Number: 0824945	Policy Period: From: 03/19/2021 To: 03/19/2022
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured	Agency and Address: The Doctors Company 7770 Jefferson Street NE, Suite 410 Albuquerque, NM 87109 (505)796-3413

LIMITS OF LIABILITY	
Claim Limit:	\$200,000
Aggregate Limit:	\$600,000

- I. Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II. Photocopies of this document are deemed as valid as the original.
- III. The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- IV. If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- V. Participates in Patient Compensation Fund.

40.0824945.76.7771470



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CM&F Group Inc.
89 Hudson Street, 12th Floor
New York, NY 10013

CONTACT NAME: CM&F Group
PHONE: 1-800-221-4904
FAX: N/A
E-MAIL: info@cmfgroup.com
ADDRESS: N/A

INSURED

Douglas E. Shaffer
8508 Logan's Cove Pl
Farmington, NM 87402

INSURER(S) AFFORDING COVERAGE
INSURER A: MEDICAL PROTECTIVE COMPANY- MPC
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-TEST <input type="checkbox"/> LCG OTHER:				EACH OCCURRENCE (DAMAGE TO RENTED PREMISES (Ea occurrence)) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CHD <input type="checkbox"/> INTENTIONS <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory to NH) If yes, describe under DESCRIPTION OF OPERATIONS below				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A Professional Liability	F57862	08/01/2021	08/01/2022	Per Incident: 200,000 Aggregate: 600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Occurrence Coverage
PA - Physician Assistant

CERTIFICATE HOLDER

Douglas E. Shaffer
8508 Logan's Cove Pl
Farmington, NM 87402

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Client # 2947167

MEMORANDUM OF INSURANCE Date Issued 12/23/2020

Producer
 Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines, IA 50306-3576
 1-800-375-2764

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
 Liberty Insurance Underwriters Inc.

Insured

 Danielle Hewey
 Unit 105
 3896 North Butler Avenue
 Farmington, NM 87401

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Physician Asst	AHY-102840810	01/04/2021	01/04/2022	Per Incident/ Occurrence	\$200,000
				Annual Aggregate	\$600,000

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz

Mark A. Brostowitz



NCMIC INSURANCE COMPANY
 PO BOX 9118
 DES MOINES, IA 50306-9118

CERTIFICATE OF INSURANCE

Policy #: CM00123573
 Policy Type: Claims Made and Reported
 Policy Period: From 09/19/2021 to 09/19/2022 12:01 am
 Local Time at the address of the Insured
 Insured: Chad R Silseth DC
 #101
 3451 N Butler Ave
 Farmington NM 87401

Certificate Issued on: 08/10/2021

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Coverages:

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of the policy.

Type of Insurance	Policy #	Effective Date	End Date	Liability Limits Per Claim/Policy Aggregate
Professional Liability	CM00123573	09/19/2021	09/19/2022	1,000,000/3,000,000

Authorized Representative

Certificate Holder:
 RELIANCE MEDICAL GROUP
 ATTN CREDENTIALING
 STE 101
 3451 N BUTLER AVE
 FARMINGTON NM 87401

Attb 5.4 krl;

mpeterson
 Client
 Form: NCMIC-CERTCM 08/2014