

**Amendment to Professional Service Agreement by and Between the
City of Rapid City and Occupational Health Network, Inc.**

WHEREAS, on the 16th day of January, 2006, the City of Rapid City and Occupational Health Services, Inc, "OHS" signed a month-to-month agreement whereby OHS provides the City services for City-wide drug and alcohol testing, including all non-Department of Transportation (DOT) and DOT required tests;

WHEREAS, effective January 1, 2007, OHS made changes to its pricing schedule; and

WHEREAS, the Rapid City Common Council finds it in the City's best interests to continue to use OHS for its City-wide drug and alcohol testing.

NOW THEREFORE, let it be known that for good consideration the parties make the following additions or changes a part of said agreement as if contained therein and all other terms and provisions of said agreement shall remain in full force and effect:

3. **Fee Schedule.** OHN agrees to provide non-DOT and DOT testing services at the rates per testing category as follows:

Non-DOT drug screens regardless of category (pre-employment, reasonable suspicion, ect)	\$35.00	<u>\$38.00</u>
DOT (NIDA) drug screens	\$35.00	<u>\$38.00</u>
<u>The above Non-DOT and DOT drug screens rates include collection, testing, confirmation, MRO and reporting.</u>		
 Breath Alcohol Testing <u>BAC includes confirmation</u>		 \$30.00
 After hours additional charges for drug screen/breath alcohol collections:		
Unscheduled/ <u>On-Call Collections</u>	\$25.00	<u>\$150.00</u>
<u>Mileage from collector's home, per mile</u>	\$0.50	
<u>Drug Screen Collection, Testing MRO</u>		<u>\$45.00</u>
<u>Breath Alcohol Test</u>		<u>\$35.00</u>
Scheduled, per hour, one hour minimum	\$10.00	<u>\$35.00</u>
Drug screen collection fees		Included
Medical Review Officer services/drug screen confirmation		Included

The above fee schedule shall continue to be in force until such time as this Agreement is modified or amended as evidenced by a writing signed by both parties hereto.

Dated this _____ day of _____, 2006.

CITY OF RAPID CITY

Mayor

ATTEST:

Finance Officer

(SEAL)

OCCUPATIONAL HEALTH NETWORK, INC.

By: _____
Its:

STATE OF SOUTH DAKOTA)
)ss.
COUNTY OF PENNINGTON)

On this the _____ day of _____, 2006, before me, the undersigned officer, personally appeared Jim Shaw and James F. Preston, who acknowledged themselves to be the Mayor and Finance Officer, respectively, of the City of Rapid City, a municipal corporation, and that they, as such Mayor and Finance Officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the city of Rapid City by themselves as Mayor and Finance Officer.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Notary Public

My Commission Expires:

(SEAL)

STATE OF SOUTH DAKOTA)
)ss.
COUNTY OF PENNINGTON)

On this ____ day of _____, 2006, before me, the undersigned officer,
personally appeared _____, who acknowledged himself to be the
_____ of Occupational Health Network, Inc. and that he as such
_____, being authorized so to do, executed the foregoing instrument by signing
the name of Occupational Health Network, Inc. by signing his name as _____.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires:

(SEAL)