

**AGREEMENT FOR OCCUPATIONAL MEDICINE SERVICES**

This Agreement is entered into between **City of Lompoc**, hereinafter referred to as the “**Client**”, and Lompoc Valley Medical Center, a California Healthcare District, hereinafter referred to as “**LVMC**”. Client and LVMC are individually a “**Party**” and collectively, the “**Parties**”.

WHEREAS, Client and LVMC executed that certain Agreement for Occupational Medicine Services under which LVMC agreed to provide certain occupational medicine services to Client.

WHEREAS, Client has the need to secure additional Occupational Medicine Services (“**Services**”) for its prospective and current employees, including Client’s Police Department; and Fire Department.

WHEREAS, LVMC is duly licensed, certified or accredited to provide such Services for the Client.

NOW, THEREFORE, Client and LVMC agree as follows:

1. Effective **8/1/2025** through **7/31/2026**, LVMC shall provide Services listed and referenced in Exhibits A, B, and C to Client’s prospective and current Employees (“**Employees**”). Client shall compensate LVMC for such Services performed pursuant to the Schedule contained herein as “Attachment A” up to a maximum of \$200,000.
2. Services are provided by duly licensed, certified or otherwise authorized or accredited personnel. Services are provided in accordance with and LVMC shall comply with,
  - a. Generally accepted standards prevailing in the applicable professional community at the time of treatment; and
  - b. All Federal, State and local statutes, regulations, ordinances and requirements and

accreditation requirements, including but not limited to conditions of participation with the Centers for Medicare and Medicaid Services (“CMS”), as applicable.

3. LVMC shall submit an invoice to the Client for Services on a periodic basis of not less frequently than monthly. Client shall remit payment for Services within 30 days of the date invoiced.
4. In instances where Client disputes charges for Services rendered, such dispute shall be made in writing and shall specifically identify such disputed charges and the basis for Client’s dispute. LVMC shall timely review Client’s disputed charges and provide its response in writing to Client.
5. There shall be no retrospective reviews for medical necessity. All services shall be authorized by the Client prior to them being rendered by LVMC by using the Authorization Form attached hereto as “Attachment C”, and services and release of information authorized by the applicant using the authorization form attached hereto as “Attachment B”.
6. LVMC shall maintain all medical records and containing such information as required by State and Federal laws and associated regulations. LVMC shall safeguard the confidentiality of such records in accordance with applicable State and Federal laws.
7. LVMC shall not, under any circumstances, including breach of this Agreement, bill, charge, collect a deposit from or receive any form of payment, compensation or reimbursement from Employees for Services provided pursuant to this Agreement.
8. Client and LVMC indemnify and hold the other party, its parents and subsidiaries, officers, directors, attorneys, employees and agents harmless, individually and collectively, from and against and with respect to any and all claims, demands, judgments, settlements, losses, costs, expenses, liabilities, actions, damages, penalties, attorneys’ fees and other costs, directly or indirectly, as a result of the acts or failure to act of the indemnifying Party, including but not limited to compliance with HIPAA, HITECH and/or excluded party screening requirements.

9. This Agreement shall commence as of the date executed by both parties. This Agreement may be terminated without cause by either party at any time upon 30 days written notice to the other Party. Furthermore, upon execution of this Agreement, the Parties agree that the previous agreement between the Parties dated 2/1/2022 is hereby terminated and replaced in its entirety with this Agreement.
10. This Agreement constitutes the entire written agreement between the Parties with respect to the subject matter hereof. This Agreement may be amended by the Parties only upon mutual written consent.
11. This Agreement shall not be assigned to any third party without the express written consent of the other Party.
12. The Parties are independent contractors, and each is solely responsible for compensation, withholdings and benefits for its own employees and agents.
13. Should either Party institute any action or proceeding in connection with this Agreement or any provision hereof, the prevailing Party in such action or proceeding is entitled to receive all costs and expenses from the other Party, including reasonable attorneys' fees, incurred by the prevailing Party in connection with such action or proceeding.
14. The validity, interpretation and performance of this Agreement shall be construed and governed in accordance with the laws of the State of California.
15. Any notices required under this Agreement shall be sent to the following addresses, as indicated below:

**LOMPOC VALLEY  
MEDICAL CENTER**

*Lompoc Healthcare District*

The Parties enter into this Agreement by execution below by the duly authorized representative of the Parties.

**City of Lompoc**

100 Civic Center Plaza

Lompoc, CA 93436

Attn: Dean Albro, City Manager

\_\_\_\_\_  
Dean Albro

Date: \_\_\_\_\_

Copy to: Ms. Lali Taporco


Ms. Amabelle Apolinario

**Lompoc Valley Medical Center**

1515 E. Ocean Avenue

Lompoc, CA 93436

Attn: Yvette Cope, CEO

  
\_\_\_\_\_  
Yvette Cope

Date: 9/24/25

Copy to: Mrs. Danielle O'Brien

Mr. Paul Fry

**ATTACHMENT A  
AGREEMENT FOR OCCUPATIONAL MEDICINE SERVICES**

The following is a listing of the most prevalent procedures provided by LVMC's occupational medicine service. If Client requires a service not listed below, please contact the clinic site manager at (805) 737-8700.

**Please select all that apply:**

| Code    | Procedure   | Fee       |
|---------|---|-----------|
| APHYS   | Comprehensive <i>Annual</i> Fitness for Duty Physical Exam                      | \$125     |
| PEPHYS  | Standard Initial <i>Pre -Employment</i> Fitness for Duty Physical Exam          | \$125     |
| 99172   | Basic Visual Function Screening (Near/Far Accuity)                              | \$12.50   |
| 92081   | Full Visual Function Examination (depth perception, color, field of vision)     | \$51.31   |
| HRRT    | Heart Rate Recovery Test **for Firefighters and Police Exam                     | \$28.00   |
| 93010   | EKG with interpretation   | \$21.45   |
| RMEQ    | Respirator Medical Evaluation Questionnaire Review                              | \$25.00   |
| 94010   | Pulmonary Function Test without Bronchodilator                                  | \$42.50   |
| RFIT-T  | Respirator Fit Testing  | \$75.00   |
| 92552   | Pure Tone Audiometry (Threshold; air only)                                      | \$64.49   |
| 86580   | Tb Test: Intradermal PPD  | \$35      |
| 86480   | Tb Test - Cell Mediated Immunity Measure (QuantiFERON Gold) ♦                   | ♦\$86.77  |
| 71046   | Standard Tb Chest Xray 2 view **Includes Radiologist interpretation fee. ♦♦     | ♦♦\$56.45 |
| 71046B  | Chest Xray 2V w/ NIOSH B Read **Includes Radiologist B-Read interpretation fee. | \$109.65  |
| 72100   | Lumbar Spine Xray 3 view **Includes Radiologist interpretation fee.             | 62.13     |
| 36415   | Venipuncture for Collection & Handling***                                       | \$12.00   |
| 85025   | Lab Test - CBC  | \$10.88   |
| 80053   | Lab Test - CMP  | \$14.78   |
| 80061   | Lab Test – Lipid Panel  | \$18.75   |
| 81001   | Urinalysis  | \$12.00   |
| 80307T  | Extended Urine Tox (T-Cup)  | \$58.00   |
| G0480-3 | Reflex Urine/Oral Secretion Tox Confirmation**                                  | \$20.22   |
| 82075   | Breath Alcohol Test   | \$39.00   |
| 80320   | Reflex Blood Alcohol Test Confirmatory**  | \$22.45   |
| 86317   | Hepatitis B Titer (Surface Ab Quant.)   | \$43.00   |
| 90746   | Hepatitis B (Engerix B) Vaccine – per Dose                                      | \$89.22   |
| 86803-4 | Hepatitis C Titer Antibody test with reflex confirmatory with immunoblot        | \$38.69   |
| 86708   | Hepatitis A Titer – haab total antibodies IgG and IgM                           | \$16.11   |
| 90632   | Hepatitis A Vaccine – per Dose  | \$106.40  |
| 90460   | Vaccine Administration fee***   | \$32.00   |

\*\* Reflex confirmation will be considered authorized and performed only to confirm a non-negative results on the Extended Urine Tox 80307T or Breath Alcohol Test 82075. Oral Secretion testing for delta-9 THC metabolite will be the reflex confirmation and is compliant with California AB 2188.

\*\*\* Venipuncture fee 36415 and Vaccine administration fee 90460 will be considered authorized only if accompanied by request(s) for Labs or Vaccines respectively.

♦ Further Tb testing or TB Focused Visit may be required in some cases, if deemed necessary by the Physician or APP, to evaluate for active or latent Tuberculosis. The need for further testing or focused evaluation will be communicated with request for additional authorizations.

♦♦ Tb screening with Cell Mediated Immunity Measure (QuantiFERON Gold) may be needed if Tb Intradermal test is deemed to be contraindicated at the time of the administration. The recommendation to substitute Cell Mediated Immunity Measure (QuantiFERON Gold) 86480 for Intradermal skin test 86580 will be communicated with request for additional authorizations.

Physical Assessments conducted at: Lompoc Health– North H Center  
1225 N. H Street  
Lompoc, CA 93436  
(805) 737-8700

**ATTACHMENT B**  
**AUTHORIZATION FOR OCCUPATIONAL MEDICINE SERVICES**

Employer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Applicant Information**

Candidate Name: \_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate Date of Birth: \_\_\_\_\_ Female  Male

**APPLICANT AUTHORIZATION:**

I hereby authorize a qualified representative and/or physician of Lompoc Valley Medical Center ("LVMC") to conduct a physical examination and/or other medical services. I understand that the physical examination is a part of the fitness for duty process for employment with the above-named Employer, and I agree to hold LVMC, its employees, agents, contractors, officers and directors harmless for action taken by the above-named Employer based on the results of the physical examination and/or other medical services.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**MEDICAL REPORT RELEASE WAIVER**

I do hereby authorize any and all health care providers, and their employees to furnish to the above-named Employer results and/or reports that pertain to bona fide employment qualifications utilized to determine fitness for employment and/or duty that are required according to the above named Employer. This authorization is effective during the fitness for duty examination process, and it will be effective for the entire length of employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ATTACHMENT C-1 (General City Employees)**

**AUTHORIZATION FOR OCCUPATIONAL MEDICINE SERVICES**

Employer Name: City Of Lompoc

Billing Address: 100 Civic Center Plaza, Lompoc, CA 93436

Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Code    | Procedure   | Requested                |
|---------|---|--------------------------|
| APHYS   | Comprehensive <i>Annual</i> Fitness for Duty Physical Exam                  | <input type="checkbox"/> |
| PEPHYS  | Standard Initial <i>Pre -Employment</i> Fitness for Duty Physical Exam      | <input type="checkbox"/> |
| 99172   | Basic Visual Function Screening (Near/Far Accuity)                          | <input type="checkbox"/> |
| 92081   | Full Visual Function Examination (depth perception, color, field of vision) | <input type="checkbox"/> |
| RMEQ    | Respirator Medical Evaluation Questionnaire Review                          | <input type="checkbox"/> |
| 94010   | Pulmonary Function Test without Bronchodilator                              | <input type="checkbox"/> |
| RFIT-T  | Respirator Fit Testing  | <input type="checkbox"/> |
| 92552   | Pure Tone Audiometry (Threshold; air only)                                  | <input type="checkbox"/> |
| 86580   | Tb Test: Intradermal PPD  | <input type="checkbox"/> |
| 86480   | Tb Test - Cell Mediated Immunity Measure (QuantiFERON Gold) ❖❖              | <input type="checkbox"/> |
| 71046   | Standard Tb Chest Xray 2 view **Includes Radiologist interpretation fee. ❖  | <input type="checkbox"/> |
| 36415   | Venipuncture for Collection & Handling**                                    | **                       |
| 80307T  | Extended Urine Tox (T-Cup)  | <input type="checkbox"/> |
| G0480-3 | Reflex Urine/Oral Secretion Tox Confirmation*                               | *                        |
| 82075   | Breath Alcohol Test   | <input type="checkbox"/> |
| 80320   | Reflex Blood Alcohol Test Confirmatory*                                     | *                        |
| 86317   | Hepatitis B Titer (Surface Ab Quant.)                                       | <input type="checkbox"/> |
| 90746   | Hepatitis B (Engerix B) Vaccine – per Dose                                  | <input type="checkbox"/> |
| 86803-4 | Hepatitis C Titer Antibody test with reflex confirmatory with immunoblot    | <input type="checkbox"/> |
| 86708   | Hepatitis A Titer – haab total antibodies IgG and IgM                       | <input type="checkbox"/> |
| 90632   | Hepatitis A Vaccine – per Dose  | <input type="checkbox"/> |
| 90460   | Vaccine Administration fee**  | **                       |

\* Reflex confirmation will be considered authorized and performed only to confirm a non-negative results on the Extended Urine Tox 80307T or Breath Alcohol Test 82075. Oral Secretion testing for delta-9 THC metabolite will be the reflex confirmation and is compliant with California AB 2188.  
 \*\*Venipuncture fee 36415 and Vaccine administration fee 90460 will be considered authorized only if accompanied by request(s) for Labs or Vaccines respectively.  
 ❖ Further Tb testing or TB Focused Visit may be required in some cases, if deemed necessary by the Physician or APP, to evaluate for active or latent Tuberculosis. The need for further testing or focused evaluation will be communicated with request for additional authorizations.  
 ❖❖ Tb screening with Cell Mediated Immunity Measure (QuantiFERON Gold) may be needed if Tb Intradermal test is deemed to be contraindicated at the time of the administration. The recommendation to substitute Cell Mediated Immunity Measure (QuantiFERON Gold) 86480 for Intradermal skin test 86580 will be communicated with request for additional authorizations.

**Applicant Information**

Candidate Name: \_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate Date of Birth: \_\_\_\_\_ Female  Male

**EMPLOYER AUTHORIZATION:**

I hereby authorize a qualified representative and/or physician of Lompoc Valley Medical Center ("LVMC") to conduct each of the services indicated above.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT C-2 (Police Dept.)**

**AUTHORIZATION FOR OCCUPATIONAL MEDICINE SERVICES**

Employer Name: City Of Lompoc

Billing Address: 100 Civic Center Plaza, Lompoc, CA 93436

Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Code    | Procedure   | Requested                |
|---------|---|--------------------------|
| APHYS   | Comprehensive <i>Annual</i> Fitness for Duty Physical Exam                  | <input type="checkbox"/> |
| PEPHYS  | Standard Initial <i>Pre -Employment</i> Fitness for Duty Physical Exam      | <input type="checkbox"/> |
| 99172   | Basic Visual Function Screening (Near/Far Accuity)                          | <input type="checkbox"/> |
| 92081   | Full Visual Function Examination (depth perception, color, field of vision) | <input type="checkbox"/> |
| HRRT    | Heart Rate Recovery Test **for Firefighters and Police Exams                | <input type="checkbox"/> |
| 93010   | EKG with interpretation   | <input type="checkbox"/> |
| RMEQ    | Respirator Medical Evaluation Questionnaire Review                          | <input type="checkbox"/> |
| 94010   | Pulmonary Function Test without Bronchodilator                              | <input type="checkbox"/> |
| RFIT-T  | Respirator Fit Testing  | <input type="checkbox"/> |
| 92552   | Pure Tone Audiometry (Threshold; air only)                                  | <input type="checkbox"/> |
| 86580   | Tb Test: Intradermal PPD  | <input type="checkbox"/> |
| 86480   | Tb Test - Cell Mediated Immunity Measure (QuantiFERON Gold) ♦               | <input type="checkbox"/> |
| 71046   | Standard Tb Chest Xray 2 view **Includes Radiologist interpretation fee. ♦♦ | <input type="checkbox"/> |
| 72100   | Lumbar Spine Xray 3 view **Includes Radiologist interpretation fee.         | <input type="checkbox"/> |
| 36415   | Venipuncture for Collection & Handling**                                    | **                       |
| 85025   | Lab Test - CBC  | <input type="checkbox"/> |
| 80053   | Lab Test - CMP  | <input type="checkbox"/> |
| 80061   | Lab Test – Lipid Panel  | <input type="checkbox"/> |
| 81001   | Urinalysis  | <input type="checkbox"/> |
| 80307T  | Extended Urine Tox (T-Cup)  | <input type="checkbox"/> |
| G0480-3 | Reflex Urine/Oral Secretion Tox Confirmation*                               | *                        |
| 82075   | Breath Alcohol Test   | <input type="checkbox"/> |
| 80320   | Reflex Blood Alcohol Test Confirmatory**                                    | **                       |
| 86317   | Hepatitis B Titer (Surface Ab Quant.)                                       | <input type="checkbox"/> |
| 90746   | Hepatitis B (Engerix B) Vaccine – per Dose                                  | <input type="checkbox"/> |
| 86803-4 | Hepatitis C Titer Antibody test with reflex confirmatory with immunoblot    | <input type="checkbox"/> |
| 86708   | Hepatitis A Titer – haab total antibodies IgG and IgM                       | <input type="checkbox"/> |
| 90632   | Hepatitis A Vaccine – per Dose  | <input type="checkbox"/> |
| 90460   | Vaccine Administration fee**  | **                       |

\* Reflex confirmation will be considered authorized and performed only to confirm a non-negative results on the Extended Urine Tox 80307T or Breath Alcohol Test 82075. Oral Secretion testing for delta-9 THC metabolite will be the reflex confirmation and is compliant with California AB 2188.

\*\*Venipuncture fee 36415 and Vaccine administration fee 90460 will be considered authorized only if accomanied by request(s) for Labs or Vaccines respectively.

♦ Further Tb testing or TB Focused Visit may be required in some cases, if deemed necessary by the Physician or APP, to evaluate for active or latent Tuberculosis. The need for further testing or focused evaluation will be communicated with request for additional authorizations.

♦♦ Tb screening with Cell Mediated Immunity Measure (QuantiFERON Gold) may be needed if Tb Intradermal test is deemed to be contraindicated at the time of the administration. The recommendation to substitute Cell Mediated Immunity Measure (QuantiFERON Gold) 86480 for Intradermal skin test 86580 will be communicated with request for additional authorizations.

**Applicant Information**

Candidate Name: \_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate Date of Birth: \_\_\_\_\_ Female  Male

**EMPLOYER AUTHORIZATION:**

I hereby authorize a qualified representative and/or physician of Lompoc Valley Medical Center (“LVMC”) to conduct each of the services indicated above.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT C-3 (Fire Dept.)**

**AUTHORIZATION FOR OCCUPATIONAL MEDICINE SERVICES**

Employer Name: City Of Lompoc

Billing Address: 100 Civic Center Plaza, Lompoc, CA 93436

Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Code    | Procedure   | Requested                |
|---------|---|--------------------------|
| APHYS   | Comprehensive <i>Annual</i> Fitness for Duty Physical Exam                      | <input type="checkbox"/> |
| PEPHYS  | Standard Initial <i>Pre -Employment</i> Fitness for Duty Physical Exam          | <input type="checkbox"/> |
| 99172   | Basic Visual Function Screening (Near/Far Acuity)                               | <input type="checkbox"/> |
| 92081   | Full Visual Function Examination (depth perception, color, field of vision)     | <input type="checkbox"/> |
| HRRT    | Heart Rate Recovery Test **for Firefighters and Police Exams                    | <input type="checkbox"/> |
| 93010   | EKG with interpretation   | <input type="checkbox"/> |
| RMEQ    | Respirator Medical Evaluation Questionnaire Review                              | <input type="checkbox"/> |
| 94010   | Pulmonary Function Test without Bronchodilator                                  | <input type="checkbox"/> |
| RFIT-T  | Respirator Fit Testing  | <input type="checkbox"/> |
| 92552   | Pure Tone Audiometry (Threshold; air only)                                      | <input type="checkbox"/> |
| 86580   | Tb Test: Intradermal PPD  | <input type="checkbox"/> |
| 86480   | Tb Test - Cell Mediated Immunity Measure (QuantiFERON Gold) ♦                   | <input type="checkbox"/> |
| 71046   | Standard Tb Chest Xray 2 view **Includes Radiologist interpretation fee. ♦♦     | <input type="checkbox"/> |
| 71046B  | Chest Xray 2V w/ NIOSH B Read **Includes Radiologist B-Read interpretation fee. | <input type="checkbox"/> |
| 72100   | Lumbar Spine Xray 3 view **Includes Radiologist interpretation fee.             | <input type="checkbox"/> |
| 36415   | Venipuncture for Collection & Handling⌘⌘  | ⌘⌘                       |
| 85025   | Lab Test - CBC  | <input type="checkbox"/> |
| 80053   | Lab Test - CMP  | <input type="checkbox"/> |
| 80061   | Lab Test – Lipid Panel  | <input type="checkbox"/> |
| 81001   | Urinalysis  | <input type="checkbox"/> |
| 80307T  | Extended Urine Tox (T-Cup)  | <input type="checkbox"/> |
| G0480-3 | Reflex Urine/Oral Secretion Tox Confirmation⌘                                   | ⌘                        |
| 82075   | Breath Alcohol Test   | <input type="checkbox"/> |
| 80320   | Reflex Blood Alcohol Test Confirmatory⌘   | ⌘                        |
| 86317   | Hepatitis B Titer (Surface Ab Quant.)   | <input type="checkbox"/> |
| 90746   | Hepatitis B (Engerix B) Vaccine – per Dose                                      | <input type="checkbox"/> |
| 86803-4 | Hepatitis C Titer Antibody test with reflex confirmatory with immunoblot        | <input type="checkbox"/> |
| 86708   | Hepatitis A Titer – haab total antibodies IgG and IgM                           | <input type="checkbox"/> |
| 90632   | Hepatitis A Vaccine – per Dose  | <input type="checkbox"/> |
| 90460   | Vaccine Administration fee⌘⌘  | ⌘⌘                       |

⌘ Reflex confirmation will be considered authorized and performed only to confirm a non-negative results on the Extended Urine Tox 80307T or Breath Alcohol Test 82075. Oral Secretion testing for delta-9 THC metabolite will be the reflex confirmation and is compliant with California AB 2188.

⌘⌘Venipuncture fee 36415 and Vaccine administration fee 90460 will be considered authorized only if accomanied by request(s) for Labs or Vaccines respectively.

♦ Further Tb testing or TB Focused Visit may be required in some cases, if deemed necessary by the Physician or APP, to evaluate for active or latent Tuberculosis. The need for further testing or focused evaluation will be communicated with request for additional authorizations.

♦♦ Tb screening with Cell Mediated Immunity Measure (QuantiFERON Gold) may be needed if Tb Intradermal test is deemed to be contraindicated at the time of the administration. The recommendation to substitute Cell Mediated Immunity Measure (QuantiFERON Gold) 86480 for Intradermal skin test 86580 will be communicated with request for additional authorizations.

**Applicant Information**

Candidate Name: \_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate Date of Birth: \_\_\_\_\_ Female  Male

**EMPLOYER AUTHORIZATION:**

I hereby authorize a qualified representative and/or physician of Lompoc Valley Medical Center ("LVMC") to conduct each of the services indicated above.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_