

EXHIBIT C

| Occupational Medicine Centers of America | |
|--|-----------------|
| Price Schedule | |
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| Firefighter Annual Medical Evaluation | |
| | |
| Total Cost per employee per Item 1 and 2 of Specification | \$511.54 |
| As needed additional itemized charges: | |
| PSA Annual | \$40.00 |
| Chest X-Ray, 2v - optional or with positive PPD | \$60.00 |
| Hepatitis A Immunization | \$130.00 |
| Hepatitis B Immunization | \$130.00 |
| Hepatitis B Immunization (Booster) | \$130.00 |
| TDAP | \$115.00 |
| MMR | \$130.00 |
| Drug Screening - 8 PANNEL U.D.S. | \$45.00 |