Symbria®

Trusted partner. Proven outcomes.

Addendum A:

Pricing Form

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-092-DCC
COMPANY NAME:	Symbria, Inc.
CONTACT PERSON:	Jill Krueger
CONTACT EMAIL:	jkrueger@symbria.com

Section II: Pricing

In the formation of the final awarded contract, the County shall select from the options shown herein, the options which are most advantageous to the County. Pricing shall be maintained for at least one (1) year. If Proposer is unwilling to maintain pricing throughout the term, Proposer may propose alterations for years two (2) through four (4).

MEDICARE A/ MEDICARE ADVANTAGE PDPM

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: PDPM Per Diem	Per Diem	$ 55.00
Option 2: Percentage of PT/OT/ST CM	% Of Per Diem Component	32 %
Option 3: PDPM Per Minute	Per Minute	$ 1.08
Option 4: Other	_____	%

MEDICARE B/ MEDICARE ADVANTAGE HMO/PPO B

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: Charge Per Minute	Per Minute	$ 1.68
Option 2: Charge Per 15 Minutes	Per 15 Minutes	$ 25.20
Option 3: Percent of Fee Schedule	%	66 %

MEDICARE ADVANTAGE NON PDPM/COMMERCIAL INSURANCE/HMO/PPO

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: Charge Per Minute	Per Minute	$ 1.08
Option 2: Charge Per 15 Minutes	Per 15 Minutes	$ 16.20
Option 3: Per Diem	Per Diem	$ 55

MEDICAID

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: Charge Per Minute	Per Minute	$ 1.05
Option 2: Charge Per 15 Minutes	Per 15 Minutes	$ 15.75
Option 3: Per Diem	Per Diem	$ 38

CAPITATED ISNP

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: Charge Per Minute	Per Minute	$ 1.05
Option 2: Charge Per Unit	Per Unit	$ 15.75
Option 3: Per Diem	Per Diem	$ 38

RESPIRATORY THERAPY

ITEM/DESCRIPTION	UOM	PRICE/PERCENT
Option 1: Charge Per Minute	Per Minute	$ 1.10
Option 2: Charge Per 15 Minutes	Per 15 Minutes	$ 16.50
Option 3: Per Diem	Per Diem	$ 38

ADDITIONAL SERVICES

Please check the appropriate boxes below to indicate if the service is included in the fee or available at an additional charge.

ITEM/DESCRIPTION	INCLUDED IN FEE	ADDITIONAL CHARGE
Rehab Site Leader		no additional charge
Physical Therapy Consulting		mutually agreed upon
Occupational Therapy Consulting		mutually agreed upon
Speech Therapy Consulting		mutually agreed upon
Respiratory Therapy Consulting		mutually agreed upon

NON-MANDATORY SERVICES

Please check the appropriate boxes below to indicate if the service is included in the fee or available at an additional charge or not available.

ITEM/DESCRIPTION	INCLUDED IN FEE	ADDITIONAL CHARGE	NOT AVAILABLE
Develop and maintain unit census	X		
Develop and maintain referral management networks from local referring hospitals.	X	if hours exceed agreed upon limit, additional hours will be billed at a mutually agreed upon rate	
Marketing services to new referral sources.	X		
Develop and maintain managed care networks.		mutually agreed upon	
Strategic planning and development for outpatient services and other niche markets.	X		

Section III: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Proposal Pricing Form.

Signature on File

Printed Name: Jill Krueger Signature: __

Title: President & CEO Date: October 6, 2025