



Office of State Courts Administrator
P.O. Box 104480
2112 Industrial Drive
Jefferson City, Missouri 65110- 4480

CONTRACT RENEWAL 002
 CONTRACT NO. OSCA 14-042-42
 TITLE: Specialized Treatment Provider
 for Treatment Court
 ISSUE DATE: April 27, 2016

FAX NO.: (573) 522-6152

OSCA CONTACT: Beth Rodeman
 PHONE NO.: (573) 522-2617
 E-MAIL: osca.contracts@courts.mo.gov

RETURN RENEWAL NO LATER THAN: May 27, 2016

RETURN RENEWAL VIA FAX OR E-MAIL TO THE CONTACT ABOVE, OR BY MAIL TO:

(U.S. Mail)
 Office of State Courts Administrator
 Attn: Contract Unit
 PO Box 104480
 Jefferson City MO 65110 - 4480

(Courier Service)
 Office of State Courts Administrator
 Attn: Contract Unit
 2112 Industrial Dr.
 Jefferson City MO 65109

MAILING INSTRUCTIONS: Print or type Contract Number and Return Due Date on the lower left hand corner of the envelope.

CONTRACT RENEWAL PERIOD: JULY 1, 2016, THROUGH JUNE 30, 2017

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING LOCATIONS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions of the renewal. The contractor further agrees that the language of this renewal shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order or when this renewal is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the contractor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE <i>L. Dennis Wells</i>		DATE 5-25-16
PRINTED NAME L. DENNIS WELLS		TITLE Administrator
COMPANY NAME Alternatives, Inc.		
MAILING ADDRESS 5337-F South Campbell		
CITY, STATE, ZIP Springfield, MO 65810		
E-MAIL ADDRESS dwells@missourialternatives.com		FEDERAL EMPLOYEE ID NUMBER [REDACTED]
PHONE NUMBER 417-883-7227	FAX NUMBER 417-883-7212	

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS <i>In its entirety as amended.</i>		
CONTRACT NUMBER OSCA 14-042-42	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
OSCA'S PRINCIPAL MANAGEMENT ANALYST <i>Beth Rodeman</i>	DATE 6/30/16	DEPUTY STATE COURTS ADMINISTRATOR <i>[Signature]</i>

OSCA 14-042-42, CONTRACT RENEWAL 002
TITLE: SPECIALIZED TREATMENT PROVIDER FOR TREATMENT COURT
CONTRACT RENEWAL PERIOD: JULY 1, 2016, THROUGH JUNE 30, 2017

OSCA 14-042-42, Contract Renewal 002**Pricing Page**

The contractor must provide firm, fixed prices for the services identified below. The prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	130.00	Per assessment
Assessment option	175.00	Per assessment
Assessment update	60.00	Per assessment
Case Management/Community Support	16.00	Per ¼ hour
Communicable Disease Assessment/Education/Testing	12.00	Per ¼ hour
Day Treatment		Per day
Detoxification (Social Setting)		Per day
Early Intervention (Intake)	8.00	Per ¼ hour
Early Intervention (Group Education)	3.00	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	12.50	Per ¼ hour
Extended Day Treatment		Per day
Family Conference	12.50	Per ¼ hour
Family Therapy	15.00	Per ¼ hour
Group Counseling (Associate SA Counselor)	5.00	Per ¼ hour
Group Counseling (QSAP)	6.00	Per ¼ hour
Group Counseling (Collateral relationship)	3.25	Per ¼ hour
Group Education	2.65	Per ¼ hour
Group Education (Trauma Related)	3.00	Per ¼ hour
Individual Counseling	13.50	Per ¼ hour
Individual Counseling (Collateral Relationship)	13.50	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	15.00	Per ¼ hour
Individual Counseling (Trauma Related)	15.00	Per ¼ hour
Medication Services	As charged	Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]	As charged	Per prescription

Missouri Recovery Support Specialist (MRSS)	10.00	Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)	12.00	Per ¼ hour
Modified Medical Treatment		Per day
Relapse Prevention Counseling	12.00	Per ¼ hour
Residential Support		Per day
Treatment Court Day	12.00	Per ¼ hour
Virtual Counseling (Group)		Per ¼ hour
Virtual Counseling (Individual)		Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)	4.00	Per test
Sample Collection with 1-panel on-site provided by vendor		Per test
Sample Collection with 2-panel on-site provided by vendor		Per test
Sample Collection with 3-panel on-site provided by vendor		Per test
Sample Collection with 4-panel on-site provided by vendor		Per test
Sample Collection with 5-panel on-site provided by vendor		Per test
Sample Collection with 6-panel on-site provided by vendor		Per test
Sample Collection with 7-panel on-site provided by vendor		Per test
Sample Collection with 8-panel on-site provided by vendor		Per test
Sample Collection with 9-panel on-site provided by vendor		Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	4.00	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)		Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)		Per test

Evidence Based Program and Practice curriculum being utilized:

MRT, Cognitive Behavioral, Disease-Concept, 12-Step Model, Trans-Theoretical Model and the Stages of Change

Which Cognitive Behavioral intervention staff is qualified to deliver:

All of the above



Master Pricing Page - SATOP Services

Revision Date
01/01/2016

EXR

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Assessment	Each (1)	H0001		X		X		\$137.47
Assessment (with ASI-MV)	Each	H0001 GQ		X		X		\$144.73
Assessment Update	Each (1)	H0001 52		X		X		\$55.45
Case Management	1/4 Hour	T1016				X		\$11.53
Central Support OMU Service	Quarterly	Quarterly Invoice					X	\$500.00
Drug Test	One Panel	80301		X		X		As Pres <i>As Pr</i>
Ethyl Glucuronide (ETG) Test	One Test	80301 92		X				As Pres
Extended Day Treatment	1/4 Hour	T1002				X		\$19.23
Extended Day Treatment LPN	1/4 Hour	T1003				X		\$19.23
Family Conference	1/4 Hour	90887				X		\$13.87
Group Counseling	1/4 Hour	H0005		X		X		\$3.13
Group Counseling	1/4 Hour	H0005 HA			X			\$3.13
Group Education	1/4 Hour	H0025 HQ		X		X		\$2.69
Group Education	1/4 Hour	H0025 HQ HA			X			\$2.69
Group Education (Trauma Related)	1/4 Hour	H0025 HQ ST				X		\$3.13
HIV Pre-Test Counseling	1/4 Hour	H0047				X		\$10.20
HIV or TB Post-Test Counseling	1/4 Hour	H0047 TS				X		\$10.20
Individual Counseling	1/4 Hour	H0004		X		X		\$13.87
Individual Counseling	1/4 Hour	H0004 HA			X			\$13.87
Individual Counseling (Co-Occurring Disorder)	1/4 Hour	H0004 HH				X		\$21.38
Individual Counseling (Trauma Related)	1/4 Hour	H0004 ST				X		\$17.95
Individual Counseling (Relapse Prevention)	1/4 Hour	H0004 59				X		\$13.87
Interpreting Services (Deaf/Hard of Hearing)	As Pres	T1013	X	X	X	X		As Pres
Interpreting Services (Deaf/Hard of Hearing)	As Pres	T1013 HE	X	X	X	X		As Pres
Laboratory Testing	As Pres	80076				X		As Pres
Medication	As Pres	99199				X		As Pres
Medication - Vivitrol	As Pres	99199 HK				X		AS Pres
Medication Services (APN - Established Patient)	1 unit	99212 SA				X		\$22.35
Medication Services (APN - Established Patient)	1 unit	99213 SA				X		\$33.54
Medication Services (APN - Established Patient)	1 unit	99214 SA				X		\$55.89
Medication Services (APN - Established Patient)	1 unit	99215 SA				X		\$89.44
Medication Services (APN - Established Patient Telehealth)	1 unit	99212 SA TN				X		\$22.35

Drug Test Collection Unit

X \$4.00



Master Pricing Page – SATOP Services

Revision Date
01/01/2016

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Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Medication Services (APN – Established Patient Telehealth)	1 unit	99213 SA TN				X		\$33.54
Medication Services (APN – Established Patient Telehealth)	1 unit	99214 SA TN				X		\$55.89
Medication Services (APN – Established Patient Telehealth)	1 unit	99215 SA TN				X		\$89.44
Medication Services (APN – New Patient)	1 unit	99201 SA				X		\$22.35
Medication Services (APN – New Patient)	1 unit	99202 SA				X		\$44.72
Medication Services (APN – New Patient)	1 unit	99203 SA				X		\$67.07
Medication Services (APN – New Patient)	1 unit	99204 SA				X		\$100.62
Medication Services (APN – New Patient)	1 unit	99205 SA				X		\$134.16
Medication Services (APN – New Patient Telehealth)	1 unit	99201 SA TN				X		\$22.35
Medication Services (APN – New Patient Telehealth)	1 unit	99202 SA TN				X		\$44.72
Medication Services (APN – New Patient Telehealth)	1 unit	99203 SA TN				X		\$67.07
Medication Services (APN – New Patient Telehealth)	1 unit	99204 SA TN				X		\$100.62
Medication Services (APN – New Patient Telehealth)	1 unit	99205 SA TN				X		\$134.16
Medication Services (Psychiatric Diagnostic Evaluation –APN)	1/4 Hour	90792 SA				X		\$33.54
Medication Services (Psychiatric Diagnostic Evaluation –APN Telehealth)	1/4 Hour	90792 SA TN				X		\$33.54
Medication Services (Psychiatric Diagnostic Evaluation – Psychiatrist)	1/4 Hour	90792 AF				X		\$59.62
Medication Services (Psychiatric Diagnostic Evaluation – Psychiatrist Telehealth)	1/4 Hour	90792 AF TN				X		\$59.62
Medication Services (Psychiatric Diagnostic Evaluation – Resident)	1/4 Hour	90792 GC				X		\$35.80
Medication Services (Psychiatric Diagnostic Evaluation – Physician)	1/4 Hour	90792				X		\$52.99
Medication Services (Psychiatric Diagnostic Evaluation –Physician Telehealth)	1/4 Hour	90792 TN				X		\$52.99
Medication Services (Psychiatrist – Established Patient)	1 unit	99212 AF				X		\$39.75
Medication Services (Psychiatrist – Established Patient)	1 unit	99213 AF				X		\$59.62
Medication Services (Psychiatrist – Established Patient)	1 unit	99214 AF				X		\$99.37
Medication Services (Psychiatrist – Established Patient)	1 unit	99215 AF				X		\$158.98
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99212 AF TN				X		\$39.75
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99213 AF TN				X		\$59.62
Medication Services (Psychiatrist – Established Patient Telehealth)	1 unit	99214 AF TN				X		\$99.37



Master Pricing Page – SATOP Services

Revision Date
01/01/2016

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Medication Services (Psychiatrist - Established Patient Telehealth)	1 unit	99215 AF TN				X		\$158.98
Medication Services (Psychiatrist - New Patient)	1 unit	99201 AF				X		\$39.75
Medication Services (Psychiatrist - New Patient)	1 unit	99202 AF				X		\$79.49
Medication Services (Psychiatrist - New Patient)	1 unit	99203 AF				X		\$119.24
Medication Services (Psychiatrist - New Patient)	1 unit	99204 AF				X		\$178.86
Medication Services (Psychiatrist - New Patient)	1 unit	99205 AF				X		\$238.48
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99201 AF TN				X		\$39.75
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99202 AF TN				X		\$79.49
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99203 AF TN				X		\$119.24
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99204 AF TN				X		\$178.86
Medication Services (Psychiatrist - New Patient Telehealth)	1 unit	99205 AF TN				X		\$238.48
Medication Services (Physician - Established Patient)	1 unit	99212				X		\$35.33
Medication Services (Physician - Established Patient)	1 unit	99213				X		\$52.99
Medication Services (Physician - Established Patient)	1 unit	99214				X		\$88.32
Medication Services (Physician - Established Patient)	1 unit	99215				X		\$141.32
Medication Services (Physician - Established Patient Telehealth)	1 unit	99212 TN				X		\$35.33
Medication Services (Physician - Established Patient Telehealth)	1 unit	99213 TN				X		\$52.99
Medication Services (Physician - Established Patient Telehealth)	1 unit	99214 TN				X		\$88.32
Medication Services (Physician - Established Patient Telehealth)	1 unit	99215 TN				X		\$141.32
Medication Services (Physician - New Patient)	1 unit	99201				X		\$35.33
Medication Services (Physician - New Patient)	1 unit	99202				X		\$70.66
Medication Services (Physician - New Patient)	1 unit	99203				X		\$105.99
Medication Services (Physician - New Patient)	1 unit	99204				X		\$158.97
Medication Services (Physician - New Patient)	1 unit	99205				X		\$211.97
Medication Services (Physician - New Patient Telehealth)	1 unit	99201 TN				X		\$35.33

2016



Master Pricing Page – SATOP Services

Revision Date
01/01/2016

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Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Medication Services (Physician - New Patient Telehealth)	1 unit	99202 TN				X		\$70.66
Medication Services (Physician - New Patient Telehealth)	1 unit	99203 TN				X		\$105.99
Medication Services (Physician - New Patient Telehealth)	1 unit	99204 TN				X		\$158.97
Medication Services (Physician - New Patient Telehealth)	1 unit	99205 TN				X		\$211.97
Medication Services - Resident, Established Patient	1 unit	99212 GC				X		\$23.88
Medication Services - Resident, Established Patient	1 unit	99213 GC				X		\$35.80
Medication Services - Resident, Established Patient	1 unit	99214 GC				X		\$59.69
Medication Services - Resident, Established Patient	1 unit	99215 GC				X		\$95.50
Medication Services - Resident, New Patient	1 unit	99201 GC				X		\$23.88
Medication Services - Resident, New Patient	1 unit	99202 GC				X		\$47.74
Medication Services - Resident, New Patient	1 unit	99203 GC				X		\$71.62
Medication Services - Resident, New Patient	1 unit	99204 GC				X		\$107.43
Medication Services - Resident, New Patient	1 unit	99205 GC				X		\$143.24
Office Family Therapy	1/4 Hour	T1006				X		\$17.95
Vocational Support	1/4 Hour	H2025				X		\$13.87
Weekend Intervention Program	Each (1)	10000	X					\$458.28
Enhanced Rates for Services Provided by Sign Language Fluent Staff								
Assessment	Each	H0001 TG		X		X		\$164.97
Assessment Update	Each	H0001 52 TG		X		X		\$66.54
Case Management	1/4 Hour	T1016 TG				X		\$13.85
Family Conference	1/4 Hour	90887 TG				X		\$16.64
Group Counseling	1/4 Hour	H0005 HA TG			X			\$3.76
Group Counseling	1/4 Hour	H0005 TG		X		X		\$3.76
Group Education	1/4 Hour	H0025 HQ TG		X		X		\$3.22
Group Education	1/4 Hour	H0025 HQ HA TG			X			\$3.22
Group Education (Trauma Related)	1/4 Hour	H0025 HQ ST TG				X		\$3.76
HIV Pre-Test Counseling	1/4 Hour	H0047 TG				X		\$12.24
HIV or TB Post-Test Counseling	1/4 Hour	H0047 TS TG				X		\$12.24
Individual Counseling	1/4 Hour	H0004 HA TG			X			\$21.64
Individual Counseling	1/4 Hour	H0004 TG		X		X		\$21.64
Individual Counseling (Co-Occurring Disorder)	1/4 Hour	H0004 HH TG				X		\$33.37
Individual Counseling (Relapse Prevention)	1/4 Hour	H0004 59 TG				X		\$16.64
Individual Counseling (Trauma Related)	1/4 Hour	H0004 ST TG				X		\$28.02
Office Family Therapy	1/4 Hour	T1006 TG				X		\$21.53
Weekend Intervention Program	Each (1)	10000 TG	X					\$549.92



Master Pricing Page – SATOP Services

Revision Date
01/01/2016

Service Description	Unit of Service	CIMOR Procedure Code	Service Billable For:					Unit Price
			WIP	CIP	YCIP	SROP	Central Support OMU	
Telehealth Services – May only be provided with the Department’s prior approval.								
Assessment	Each (1)	H0001 TN				X	\$137.47	
Assessment Update	Each (1)	H0001 52 TN				X	\$55.45	
Case Management	1/4 Hour	T1016 TN				X	\$11.53	
Extended Day Treatment	1/4 Hour	T1002 TN				X	\$19.23	
Extended Day Treatment LPN	1/4 Hour	T1003 TN				X	\$19.23	
Family Conference	1/4 Hour	90887 TN				X	\$13.87	
Individual Counseling	1/4 Hour	H0004 TN				X	\$13.87	
Individual Counseling (Co-Occurring Disorder)	1/4 Hour	H0004 HH TN				X	\$21.38	
Individual Counseling (Relapse Prevention)	1/4 Hour	H0004 59 TN				X	\$13.87	
Individual Counseling (Trauma Related)	1/4 Hour	H0004 ST TN				X	\$17.95	
Office Family Therapy	1/4 Hour	T1006 TN				X	\$17.95	
Vocational Support	1/4 Hour	H2025 TN				X	\$13.87	
HIV Pre-Test Counseling (Telehealth)	1/4 Hour	H0047 TN				X	\$10.20	
HIV or TB Post-Test Counseling (Telehealth)	1/4 Hour	H0047 TS TN				X	\$10.20	

~~SROP Prices – please refer to SROP column.~~
~~Per Mark Reubeck, SATOP Director.~~
~~All prices subject to change July 01, 2016~~
~~due to revisions.~~ *EAR - per A.P.C.S, SATOP/SROP is paid through DMH.*

*All medication services will be As presented due to variations with providers.

OSCA 14-042-42, Contract Renewal 002

COLLECTOR SERVICES PRICING

Firm, fixed price for collector services performed \$ _____ per hour
\$ 4.00 per test

The Contractor should quote a price per hour or per test. Only one will be accepted. The price shall not change during the contract period.

Pricing shall be for the following county(ies) and circuit(s):

County: Christain Circuit: 38th

County: Taney Circuit: 38th

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Christian	X	X				X	X
39	Barry							
39	Lawrence							
39	Stone							
40	McDonald							
40	Newton							
41	Macon							
41	Shelby							
42	Crawford							
42	Dent							
42	Iron							
42	Reynolds							
42	Wayne							
43	Caldwell							
43	Clinton							
43	Daviess							
43	DeKalb							
43	Livingston							
44	Douglas							
44	Ozark							
44	Wright							
45	Lincoln							
45	Pike							
46	Taney	X	X				X	X

Note: Effective January 1, 2017, Taney County will become the 46th Circuit in Missouri. Until then, it will continue to be included in the 38th circuit.

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-42

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

✓

James M Ziegler 6/16/16
 Collector Printed name Signature Date

Alternatives, Inc Donald W. Wells 6/16/16
 Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

 38th 6-17-16
 Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-42

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

I have provided a completed background check, and

I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer. ✓

Luc Carol Rogers Luc Carol Rogers 6-16-16
Collector Printed name Signature Date

Alternatives, Inc Donald W. Wells [Signature] 6/14/16
Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature] 38th 6-16-16
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-42

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Dinah Ann Rich [Signature] 6-16-16
Collector Printed name Signature Date

Alternatives, Inc. Donald Wells [Signature] 6/16/16
Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature] 35th 6-17-16
Drug Court Judge/Coordinator Circuit Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-42

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Ronald Dewayne Love Ron Love 6-16-16
 Collector Printed name Signature Date

Alternatives, Inc. Donald W. Wells, [Signature] 6/16/16
 Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature] 35TH 6-17-16
 Drug Court Judge/Coordinator Circuit Date

FARM BUREAU TOWN & COUNTRY INSURANCE COMPANY OF MISSOURI
 PO BOX 658, 701 S COUNTRY CLUB DR, JEFFERSON CITY, MO 65102 (573)893-1400

INFORMATION PAGE

Membership Number	Policy Number	Policy Period
MEM 0375526	CPP 0209136 13	03/18/2016 to 03/18/2017
Named Insured and Address		Agent
ALTERNATIVES INC 5337 S CAMPBELL AVE STE F SPRINGFIELD MO 65810-2494		KEVIN CHEFFEY #00541 611-D W MT VERNON ST NIXA, MO 65714 TELEPHONE: (417)725-1467

THIS INFORMATION PAGE REPLACES ALL OTHER PREVIOUSLY ISSUED INFORMATION PAGES.
 Last Change: 5/10/2016 Next Change: 0/00/0000 Dec Request Date: 5/25/2016

LOCATION 1 UNIT 1 5337 F S CAMPBELL SPRINGFIELD, MO 65802 GREENE
 OCCUPANCY Doctors Office

COMMERCIAL PROPERTY COVERAGE

AMOUNT OF INSURANCE	DEDUCT PER OCCURENCE		CAUSE OF LOSS	CO-INS %	SETTLEMENT
\$10,000	\$ 500	CONTENTS PROTECTION CLASS 02 BUSINESS INCOME W/O EXTRA EXP ACTUAL LOSS SUSTAINED NOT TO EXCEED 12 MONTHS	SPEC	80	REPLACEMENT

COMMERCIAL PROPERTY LOCATION 1 UNIT 1 ANNUAL PREMIUM	\$85.32
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CERTIFICATE OF INSURANCE

~~DON COPELAND~~ *Andrew Moore*

5337 S CAMPBELL AVE
 SPRINGFIELD MO 65810-2445

LOCATION 2 UNIT 1 1308 W SHATE LN NIXA, MO 65714 CHRISTIAN
 OCCUPANCY MEDICAL OFFICE

COMMERCIAL PROPERTY COVERAGE

AMOUNT OF INSURANCE	DEDUCT PER OCCURENCE		CAUSE OF LOSS	CO-INS %	SETTLEMENT

FARM BUREAU TOWN & COUNTRY INSURANCE COMPANY OF MISSOURI
 PO BOX 658, 701 S COUNTRY CLUB DR, JEFFERSON CITY, MO 65102 (573)893-1400

INFORMATION PAGE

Membership Number MEM 0375526	Policy Number CPP 0209136 13	Policy Period 03/18/2016 to 03/18/2017
Named Insured and Address ALTERNATIVES INC 5337 S CAMPBELL AVE STE F SPRINGFIELD MO 65810-2494		Agent KEVIN CHEFFEY #00541 611-D W MT VERNON ST NIXA, MO 65714 TELEPHONE: (417)725-1467

THIS INFORMATION PAGE REPLACES ALL OTHER PREVIOUSLY ISSUED INFORMATION PAGES.
 Last Change: 5/10/2016 Next Change: 0/00/0000 Dec Request Date: 5/25/2016

LOCATION 2 UNIT 1 "CONTINUED"

COMMERCIAL PROPERTY COVERAGE					
AMOUNT OF INSURANCE	DEDUCT PER OCCURENCE		CAUSE OF LOSS	CO-INS %	SETTLEMENT
\$10,000	\$ 500	CONTENTS PROTECTION CLASS 03 BUSINESS INCOME W/O EXTRA EXP ACTUAL LOSS SUSTAINED NOT TO EXCEED 12 MONTHS	SPEC	80	REPLACEMENT
COMMERCIAL PROPERTY LOCATION 2 UNIT 1					
ANNUAL PREMIUM					\$90.58

LOCATION 3 UNIT 1 2327 SOUTH BUSINESS US 65 HOLLISTER, MO 65672 TANEY
 OCCUPANCY MEDICAL OFFICE

COMMERCIAL PROPERTY COVERAGE					
AMOUNT OF INSURANCE	DEDUCT PER OCCURENCE		CAUSE OF LOSS	CO-INS %	SETTLEMENT
\$10,000	\$ 500	CONTENTS PROTECTION CLASS 05 BUSINESS INCOME W/O EXTRA EXP ACTUAL LOSS SUSTAINED NOT TO EXCEED 12 MONTHS	SPEC	80	REPLACEMENT
COMMERCIAL PROPERTY LOCATION 3 UNIT 1					
ANNUAL PREMIUM					\$85.93

FARM BUREAU TOWN & COUNTRY INSURANCE COMPANY OF MISSOURI
 PO BOX 658, 701 S COUNTRY CLUB DR, JEFFERSON CITY, MO 65102 (573)893-1400

INFORMATION PAGE

Membership Number MEM 0375526	Policy Number CPP 0209136 13	Policy Period 03/18/2016 to 03/18/2017
Named Insured and Address ALTERNATIVES INC 5337 S CAMPBELL AVE STE F SPRINGFIELD MO 65810-2494		Agent KEVIN CHEFFEY #00541 611-D W MT VERNON ST NIXA, MO 65714 TELEPHONE: (417)725-1467

THIS INFORMATION PAGE REPLACES ALL OTHER PREVIOUSLY ISSUED INFORMATION PAGES.
 Last Change: 5/10/2016 Next Change: 0/00/0000 Dec Request Date: 5/25/2016

LOCATION 3 UNIT 1 "CONTINUED"

COMMERCIAL GENERAL LIABILITY	
LIMITS OF LIABILITY	LIABILITY COVERAGES
\$1,000,000	EACH OCCURENCE LIMIT
\$1,000,000	PERSONAL & ADVERTISING INJURY
\$2,000,000	GENERAL AGGREGATE (OTHER THAN PRODUCTS-COMP OPS
\$2,000,000	PRODUCTS COMPLETED OPERATIONS AGGREGATE
\$50,000	DAMAGE TO PREMISES RENTED TO YOU LIMIT - PER FIRE
\$5,000	MEDICAL EXPENSE - ANY ONE PERSON

LIABILITY SCHEDULE			
LOC	CLASSIFICATION	PREMIUM BASIS	
1	MEDICAL OFFICES CLASS CODE: 66561	AREA	1,200
2	MEDICAL OFFICES CLASS CODE: 66561	AREA	800
3	MEDICAL OFFICES CLASS CODE: 66561	AREA	600

LIABILITY MISC SECTION		
LOC	COVERAGE DESCRIPTION	LIABILITY LIMIT
001	ADDITIONAL INSUREDS DON COPELAND	

COMMERCIAL GENERAL LIABILITY	
ANNUAL PREMIUM	\$305.48

INDIVIDUAL RISK CHARACTERISTICS ADJUSTMENTS				
LOC	UNIT	COVERAGE	REASON(S)	PERCENT
1	1	CONTENTS	Fire/Smoke Alarms	- 10
2	1	CONTENTS	Fire/Smoke Alarms	- 10
3	1	CONTENTS	Fire/Smoke Alarms	- 10

TERRORISM PREMIUM \$5.67

COMMERCIAL POLICY	
TOTAL ANNUAL PREMIUM	\$572.98