

## **DEDICATED CLINIC AGREEMENT**

**THIS DEDICATED CLINIC AGREEMENT** (the “Agreement”) is made and entered into as of the 1st day of January, 2021 (“Effective Date”), by and between **The City of Manitowoc** (hereinafter referred to as “City”) and **AURORA HEALTH CARE, INC.**, a Wisconsin corporation, on behalf of itself and its subsidiaries and affiliates (hereinafter referred to as “Aurora”).

### **RECITALS**

**WHEREAS**, City desires to obtain health services through Aurora for its employees and dependents on City’s health plan (“Patients”) as set forth herein;

**WHEREAS**, Aurora desires to support City in its provision of medical services for common health concerns to the Patients.

**NOW, THEREFORE**, in consideration of the mutual promises set forth herein and other good and valuable consideration, the adequacy and receipt of which are acknowledged, Aurora and City agree to the following:

#### **I. AURORA OBLIGATIONS**

##### **A. Dedicated Clinic Times and Health Services and Shared Access.**

1. **Clinic Information.** Aurora shall provide one nurse practitioner or physician assistant (“Staff”) to provide health care services at the dedicated clinic location and times set forth on Exhibit A (“Clinic”), including first aid, point-of-care laboratory tests, education, triage care, assessments, referrals, and other similar primary and acute care, in accordance with Staff licensure (the “Patient Services”). The Patient Services and times of the Clinic are subject to change upon the mutual agreement of the parties. All patient visits are for patients two years of age and older.
2. **Supplies.** Aurora shall provide all medical supplies necessary to perform the Patient Services (the “Supplies”).
3. **Musculoskeletal Program.** Aurora shall provide at the Clinic the musculoskeletal program services set forth on Exhibit C (the “Musculoskeletal Services”). Such services shall be provided by a Licensed Athletic Trainer or a Physical Therapist.
4. **Lab, Immunizations, and Medications.** Aurora will provide the labs and immunizations set forth on Exhibit B and the medications set forth on Exhibit D.

5. **Shared Access.** City acknowledges that the Clinic has shared access with the employees and dependents on the health plan of the Manitowoc Public School District.

B. General Obligations.

1. Proper disposal of all hazardous waste generated by Aurora at the Clinic(s) shall be the sole responsibility of Aurora. Aurora shall arrange with an approved, certified waste disposal agency to dispose of all such hazardous waste in a manner consistent with all federal, state and local laws.
2. Aurora shall perform background screenings on all Staff pursuant to the caregiver background check requirements of Wisconsin Statutes § 50.065 or any successor statute thereto.

**II. QUARTERLY UTILIZATION REPORTS**

Aurora shall provide to City a quarterly utilization report of Patient use of the Clinic. Such reports shall be delivered by the last days of April, July, October, and January.

**III. AUTHORIZATIONS**

City shall obtain from Patients written authorization for Aurora to disclose to City any Patient-specific information requested by City.

**IV. COMPENSATION AND SHARED BILLING**

- A. **Patient Services.** Aurora shall charge City at the rate of \$110 per hour which includes the cost of Supplies. City shall be responsible for paying not more than \$1100 per week for costs under this section, which equates to 10 hours of Clinic usage each week.
- B. **Musculoskeletal Services.** Aurora shall charge City and the Manitowoc Public School District at the rate of \$40 per hour for the services of the Licensed Athletic Trainer and \$100 per hour for the services of a Physical Therapist. The total amount due each month shall be billed to City and the Manitowoc School District as follows: 33% of total amounts due billed to City and 67% of total amounts due billed to the Manitowoc School District. Any musculoskeletal or other services delivered by the LAT or PT outside of the scope of services described on Exhibit C will be billed through the patient's insurance
- C. **Lab, Immunizations, and Medications.** Aurora will bill City directly for the labs and immunizations set forth on Exhibit B that are provided to Patients and the medications set forth on Exhibit D that are provided to Patients at the rates listed

in each respective exhibit. All other labs, immunizations, and medications will be billed directly to the Patient’s health insurance with applicable responsibilities for all co-pays and deductibles.

- D. **Wellness Credit.** In the event City desires to add wellness services to the Services, a wellness credit will be granted for up to \$35,000 for 2021. This will be prorated monthly and cannot be utilized more than proration allotted each month. The wellness credit will be applied only to those same wellness services that are utilized by participants in 2021 to cover the cost difference between Aurora's 2018-2020 and 2021 pricing. Any new wellness services City would like to implement as a part of their 2021 wellness program would be invoiced at the 2021 wellness program rates and additionally the wellness credit will not be applied to these.
- E. **Invoice and Payment.** Aurora shall provide City with a monthly invoice that itemizes all services provided and total amounts due hereunder. City shall pay such invoices within 30 days of receipt.

**V. TERM OF AGREEMENT**

This Agreement shall commence on the Effective Date and continue through December 31, 2021. This Agreement may be terminated at any time by either party without cause upon 30 days written notice to the other party.

**VI. INSURANCE**

- A. Throughout the Term, Aurora will carry the following insurance:

Worker’s Compensation and Employers Liability

Workers Compensation	Statutory Limits
Employer’s Liability	\$100,000 each accident
Bodily Injury by Accident	\$500,000 each employee
Bodily Injury by Disease	\$1,000,000 policy limit

Commercial General Liability

Bodily Injury/Property Damage	\$1,000,000 per occurrence \$2,000,000 general aggregate
Personal/Advertising Injury	\$1,000,000 per occurrence
Fire Damage Legal Liability	\$50,000

Professional Liability

Including Medical Malpractice	\$1,000,000 each incident
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\$3,000,000 aggregate

Umbrella Liability Coverage \$5,000,000

If any policy is written on a claims-made basis, Aurora will ensure continuity of coverage if a change of insurer occurs during the Term. Aurora must verify that the retroactive date will not change or that the extended reporting provision will be exercised and that all costs related thereto will be paid.

Aurora and its employees who are subject to Wisconsin Statutes Ch. 655 must participate in the Wisconsin Injured Patients and Families Compensation Fund ("Fund").

If Aurora or any of its employees performing Patient Services are not protected by the Fund, the umbrella liability coverage must apply over the primary Professional Liability coverage, with limits of \$5,000,000.

## **VII. PATIENTS' HEALTH INFORMATION AND RECORDS**

Patients' health information created from the provision of Patient Services shall be and remain the sole property of Aurora. Aurora may disclose a Patient's health information to City only pursuant to prior written and valid authorization from such Patient or as permitted or required by law. Aurora shall create, use, disclose and maintain Patients' health information in compliance with federal and Wisconsin law applicable to Aurora.

## **VIII. MISCELLANEOUS**

- A. Amendment; Authority; Assignment. This Agreement may be amended only upon the written agreement of City and Aurora. The individual or officer signing this Agreement certifies by his/her signature that he/she is authorized to sign this Agreement on behalf of Aurora or City, as applicable. Neither party shall assign its obligations hereunder without the prior written consent of the other.
- B. Independent Contractors. Both parties acknowledge and agree that they are at all times acting as independent contractors under this Agreement and, except as specifically provided herein, not as an agent, employee, or partner of each other. The parties do not have any authority to enter into any contract or incur any other obligation on behalf or in the name of the other party. Each party shall be solely responsible for all of its own expenses. Each party shall be solely responsible for the acts and omissions of its employees, agents and subcontractors.
- C. Severability. If any provisions of this Agreement shall be held or declared to be invalid, illegal or unenforceable under any applicable law, that provision shall be deemed deleted from this Agreement without impairing or prejudicing the validity, legality and enforceability of the remaining provisions hereof.

- D. Entire Agreement. This Agreement sets forth the entire understanding of the parties. No understanding, obligation, representation or agreement not set forth herein shall have any force or effect.
- E. Non-Waiver. A failure of any party to enforce at any time any term, provision or condition of this Agreement, or to exercise any right or option herein, shall in no way operate as a waiver thereof, nor shall any single or partial exercise preclude any other right or option herein; in no way whatsoever shall a waiver of any term, provision or condition of this Agreement be valid unless in writing, signed by the waiving party, and only to the extent set forth in such writing.
- F. Agreement Drafted by All Parties. This Agreement is the result of arm's length negotiations between the parties and shall be construed to have been drafted by all parties such that any ambiguities in this Agreement shall not be construed against either party.
- G. Notices. Notices or communications required or permitted to be given under this Agreement shall be given to the respective parties by hand delivery, recognized overnight delivery service, or registered or certified mail as follows:

To Aurora:

Aurora Health Care, Inc.  
 Attn: General Counsel  
 750 West Virginia Street  
 Milwaukee, WI 53204

To City:

City of Manitowoc  
 Attn: Human Resources Director  
 900 Quay Street  
 Manitowoc, WI 54220

- H. Force Majeure. Whenever a period of time is provided in this Agreement for a party to do or perform any act or thing, such party shall not be liable or responsible for any delays due to strikes, lockouts, casualties, acts of God, war, governmental regulations or control or other causes beyond the reasonable control of such party and in any such event such time period shall be extended for the amount of time the party is so delayed.
- I. Compliance with Laws. Each party hereto warrants that it will adhere to and comply with all applicable federal, state and local laws.
- J. Survival. Article VII (Patients' Health Information and Records) and Section VIII(K) (Applicable Law and Venue) shall survive the termination or expiration of this Agreement.

- K. Applicable Law and Venue. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Wisconsin (without regard to principles of conflicts of laws). The parties agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state or federal (if permitted by law and the party elects to file an action in federal court) courts located in Manitowoc County, Wisconsin. This choice of venue is intended by the parties to be mandatory and not permissive in nature, and to preclude the possibility of litigation between the parties with respect to, or arising out of, this Agreement in any jurisdiction other than that specified in this Section (Applicable Law and Venue). Each party waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine with respect to any proceeding brought in accordance with this Section (Applicable Law and Venue). Each party agrees to waive a jury trial in any action hereunder.
  
- L. Counterparts. This Agreement and amendments thereto may be executed in counterparts, each of which shall be deemed an original, but together shall constitute one and the same instrument. Facsimile and scanned copies shall be deemed to be as valid as the original.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the day and year first above written.

**AURORA HEALTH CARE, INC.**

**CITY OF MANITOWOC**

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

## **EXHIBIT A**

### **Clinic and Hours of Patient Services**

#### **Clinic Location:**

3509 Dewey Street  
Manitowoc, WI 54220

**Hours of Patient Services per Week:** 30 hours per week. (Monday, Tuesday, Thursday 8:00am- 4:00pm, Wednesday 12:00pm-4:00pm and Friday 8:00am-12:00pm)

Additional hours for Patient Services requested by City shall be mutually agreed upon in advance in writing by Aurora and City.

#### **Shared Dedicated Clinic Space:**

City acknowledges that the Clinic hours are shared with another employer: Manitowoc Public School District.

#### **Scope of Services:**

- Basic Adult Physicals (18 years old and above)
- Sports Physicals (5 years old and above)
- Chronic Conditions that can/could be managed appropriately within the employer clinic such as stable asthma, hypertension, high cholesterol
- Acute Common Health Concerns
- Blood Pressure Checks
- Body Mass Index (BMI) and body composition testing, Weight Management
- Nicotine Cessation
- Adult vaccines as listed in Exhibit B

#### **Clinic Services do not include:**

- Care related to complex chronic conditions or care managed by another physician or provider.
- Concussions, other situations requiring urgent or emergency care are not covered in the clinic
- Suturing
- Pediatric Physicals and Pediatric Vaccines
- Annual physicals
- Pap smears

**EXHIBIT B**

**Labs and Vaccines**

Point of Care testing performed in the clinic is included in clinic fee.

- Rapid Strep, Mono, Urine HcG, Urine Dipstick, Influenza

Listed labs sent out for processing are billed to City at cost below

<b>Test Name</b>	<b>Test Code</b>	<b>Total</b>
OP/OR VENOUS DRAW	OVD	\$ 7.82
BASIC METABOLIC PNL	BPNL	\$ 3.62
COMP METABOLIC PNL	CPNL	\$ 4.50
LIPID PNL W/O REFLEX	LIPDPL	\$ 4.01
LIPID PANEL W/REFLEX + REFLEX TEST SENT TO MAIN	LIPPNL	\$ 5.58
RENAL PANEL	RENPNL	\$ 12.61
HE PANEL ACUTE	HACUTE	\$ 71.94
HEPATIC FUNCTION PNL	LIVPNL	\$ 3.46
DIGOXIN	DIG	\$ 7.78
VALPROIC ACID TOTAL	VPAVT2	\$ 19.46
LAMOTRIGINE	LAMOTR	\$ 25.32
LEVETIRACTAM (KEPPRA)	KEPR	\$ 47.60
LITHIUM	LI	\$ 6.48
TACROLIMUS	TACRO	\$ 73.73
NORTRIPTYLINE	NORTRP	\$ 42.00
URINE COMPLETE	UCOM	\$ 5.32



COMP.UA, C/S IF IND.	UCOMCS	\$ 4.84
URINALYSIS SCREEN, AUTO	UACS	\$ 3.81
URINALYSIS SCREEN	USCR	\$ 3.81
URINE, MICROSCOPIC ONLY	UACSM	\$ 3.09
URINE MICROSCOPIC	USCRM	\$ 3.09
URINE PREGNANCY TEST	PREG	\$ 12.61
ALBUMIN SERUM	ALB	\$ 8.81
MICROALBUMIN,RANDOM	MAR	\$ 4.59
ALDOLASE	ALD	\$ 17.64
ALPHA 1 ANTITRYPSIN	A1AP1	\$ 31.30
AMMONIA	NH3	\$ 4.83
AMYLASE	AMY	\$ 11.18
ANGIOTENSIN CONV ENZYME	ACER	\$ 26.32
BILIRUBIN TOTAL	TBIL	\$ 1.61
BILIRUBIN, DIRECT	DBIL	\$ 1.68
OCCULT BLOOD	STBLD	\$ 1.67
OCCULT BLD,TUBE TEST	IFOB	\$ 25.32
VIT D, 25-HYDROXY	25VDR	\$ 5.73
CALCIUM	CA	\$ 9.28
CHOLESTEROL	CHOL	\$ 8.69
CORTISOL	CORT	\$ 12.28
CK	CPK	\$ 2.58
CREATININE	CREA	\$ 3.09
CREATININE OTHER SOURCE (URINE)	UCREA	\$ 9.16
VITAMIN B12	VB12	\$ 5.58
DHEA	DHEAO	\$ 67.35

DHEA SULFATE	DHEAS	\$ 30.11
ESTRADIOL	ESTD	\$ 4.76
FERRITIN	FERR	\$ 4.83
FOLATE	FOLA	\$ 5.58
IGA QUANT	QIGA	\$ 14.07
2 HOUR GLUCOSE	GLUP	\$ 0.90
GAMMA GLUTAMYL TRANSFERASE	GGTP	\$ 4.52
FSH	FSH	\$ 15.53
LH	LH	\$ 4.52
FSH AND LH PANEL	FSHLH	\$ 20.06
HEMOGLOBIN A1C	GLYH	\$ 4.95
ANEMIA PROFILE IRON/ BINDING CAP	IRONP	\$ 8.48
INSULIN	INSUR	\$ 10.35
IRON	IRONP	\$ 4.83
IRON BINDING CAPACITY	TIBC	\$ 6.60
LACTIC ACID VENOUS	LACTA	\$ 4.83
LD TOTAL	LDH	\$ 2.58
STOOL FOR WBCS +SEE DOS FOR INFO	STWBC	\$ 28.80
LEAD,BLOOD/VEN	PBVEN	\$ 1.20
LIPASE	LIPA	\$ 4.83
HDL	HDL	\$ 11.31
LDL DIRECT	LDLDIR	\$ 4.76
MAGNESIUM	MG	\$ 3.59
B-TYPE NATRIURETIC PEPTDE	BNPEP	\$ 37.07
INTACT PTH	INTAC	\$ 19.75

PHOSPHORUS	PHOS	\$ 2.58
PROGESTERONE	progs	\$ 7.14
PROLACTIN	PROL	\$ 17.79
PROSTATE SPECIFIC AG	PSA	\$ 11.95
PSA FREE	FREPSA	\$ 27.72
PROTEIN,TOTAL	tp	\$ 14.40
VITAMIN B6, PLASMA	VB6	\$ 54.62
SEX HORM BIND GLOB	HIRSUT3	\$ 37.10
TESTOSTERONE, MALE	TEST	\$ 11.27
FREE T4	FT4	\$ 4.83
FREE T4 + REFLEX TEST ONLY	FT4EQ	\$ 6.38
S-TSH	TSH	\$ 4.83
TSH WITH REFLEX	TSHR	\$ 7.75
GOT/AST	GOT	\$ 8.57
GPT/ALT	GPT	\$ 2.58
TRIGLYCERIDE	TRIG	\$ 14.40
T3, FREE	FT3	\$ 11.31
TROPONIN I, RAPID	RAPDTR	\$ 43.84
TROPONIN I,ULTRASENS	TROPI	\$ 8.77
BLOOD UREA NITROGEN	BUN	\$ 11.55
URIC ACID	URIC	\$ 2.58
ZINC,BLOOD	ZN	\$ 29.64
BETA HCG, QUANTITATIVE	HCGQT	\$ 4.05
PREGNANCY TST,QUALITATIVE	SHCG	\$ 12.97
HEME PROFILE	CBCNO	\$ 4.92
RETIC - FLOW	FRETIC	\$ 3.81

SMEAR/PATHOLOGY EVAL	SMR	\$ 39.59
ANTITHROMBIN III ACTIVITY	AT3A	\$ 20.47
PROTEIN C ACTIVITY	PRCA	\$ 66.65
PROTEIN S ACTIVITY	PRSA	\$ 65.71
D-DIMER QUANTITATIVE	DDIMER	\$ 20.71
PROTHROMBIN TIME	PTINR	\$ 3.93
RBC SED RATE	RESR	\$ 8.68
THROMBIN TIME	TT	\$ 11.44
ANA SCREEN WITH REFLEX	ANABL	\$ 22.38
FLUID ANA TITER/PATTERN	FANAQ	\$ 5.00
C-REACTIVE PROTEIN	CRP	\$ 4.83
CRP HIGH SENSITIVITY	LLCRP	\$ 48.44
CARDIOLIPIN AB IGA	CARDGA	\$ 23.56
MONO TEST	MONO	\$ 9.40
MONO TEST WITH REFLEX	MONORX	\$ 9.40
RHEUMATOID FACTOR	RAL	\$ 11.07
QUANTIFERON TB GOLD	QUANTB	\$ 46.79
LYME AB PANEL W BLOT IGG/IGM	LYMEWB	\$ 74.98
LYME IGG/M AB SCREEN	LYMT	\$ 7.75
HEP B SURFACE AB	HSAB	\$ 20.69
MUMPS IGG AB	MUMG	\$ 33.20
RUBELLA SCREEN EIA	RUBEL	\$ 2.50
Rubeola Immunity IgG	MEAI	\$ 34.87
T. PALLIDUM IgG AB	SYPIGG	\$ 7.77
VARIC. IGG AB	VARIC	\$ 11.31
HEP C AB	HCV	\$ 19.75

AEROBIC IDENTIFICATION	AI1	\$ 21.16
GP B GENITAL CULT	GBSCS	\$ 2.38
CULTURE STREP GRP A	STTH	\$ 16.33
URINE CULTURE	URC	\$ 15.24
URINE PRESUMPTIVE ID	UPI	\$ 13.77
CULTURE ID AGGLUTINATION	OGBA	\$ 14.51
SUSCEPTIBILITY	MULTIPLE	\$ 11.19
WET MOUNT	WM	\$ 8.81
GIARDIA ANTIGEN, EIA	GIARGR	\$ 52.55
HEP B SURFACE AG	HBAG	\$ 19.75
HIV AG/AB COMBO SCR	HIVSCR	\$ 24.53
SHIGA TOXIN	3SHTOX	\$ 23.66
ENTERIC PATHOGEN CUL	ENPC	\$ 45.00
CHLAM/GC, AMP PROBE	CGPT	\$ 17.86
C. DIFF TOXIN PCR	CDPCR	\$ 103.22
HERPES SIMPLEX PCR	HSVPCR	\$ 52.94
CHLAM/GC, NAA	CGPT	\$ 31.22
HPV HIGH RISK TYPES	I87624	\$ 37.66
HPV HIGH RISK	W87624	\$ 37.66
CRYPTOSPORIDIUM PCR	GPARX3	\$ 8.90
RAPID STREP GROUP A	RSTREP	\$ 15.43
H PYLORI UREASE SCR	CLOBX	\$ 15.23
CBC/DIFFERENTIAL	CBCA	\$ 4.99
ENTERIC PATHOGEN CUL	ENPC	\$ 45.00
INFLUENZA, RAPID A/B	FLUAG	\$ 36.86
PSA FREE AND TOTAL	FPSAR	\$ 25.07

GASTRO PARA BY PCR	GPARX	\$ 26.70
SUSCEPTIBILITY 2 PANELS	NCP2	\$ 34.26
CULT MISC AEROBIC/ SMEAR	ROCS	\$ 17.55
OVA AND PARASITES	OVAP	\$ 30.13

**Adult Vaccines and Immunization**

Vaccines will be stored in clinic or ordered as needed for administration to patients.  
 Billed to City at cost below.

TB Test	No additional cost
TDAP Vaccine	\$65.00
Influenza Quadrivalent	\$35.00
Shingrix (2 doses billed individually)- recommended	\$132 each

**Note:**

**Other Labs/Vaccines ordered by providers other than the employer clinic provider or any needed diagnostics can be done at an Aurora facility or facility of employee choice and billed to the Patients insurance.**

**EXHIBIT C**

## **Musculoskeletal Program**

Services will be delivered to City and the Manitowoc School District 20 hours a week at 3509 Dewey St. Manitowoc, Wisconsin. Services may shift to Aurora Rehabilitation Center at 3821 Dewey St Manitowoc, Wisconsin in 2021. Time split shall be 16 hours a week a Licensed Athletic Trainer and 4 hours a week with a Physical Therapist.

Scope of Services delivered by an Athletic Trainer or Physical Therapist to include:

- Facilitate early intervention and prevention of musculoskeletal injuries (both work-related and non-work related).
- No immediate post-op care.
- Post op care will be transitioned at 4 weeks.
- No custom splinting.
- Perform injury assessments and refer patient for necessary care when indicated.
- Establish a plan of care and implement individual treatment based upon evaluation results and health goals.
- Monitor and evaluate outcomes, and appropriately adjusts the individualized treatment plan based on the patient's response to treatment.
- Communicate with patients to answer questions, and to instruct in self-care, prevention and treatment.
- Communicate with physician and medical team to help determine need for further testing.
- Communicate assessment and plan of care for work-related injury care to appropriate City leaders, to include Plant Manager, Safety Manager and/or Safety Director.
- Treatments may include: ultrasound, electrical stimulation, manual therapy, therapeutic exercise, cold therapy and heat therapy.

**EXHIBIT D**

**No Cost Employee Medications**

*See next page:*



Medication Name	Pill Count	Form	Strength	Direct Bill Cost
AMOXICILLIN	20	TAB	875 MG	\$ 12.76
AMOXICILLIN	20	CAP	500 MG	\$ 8.62
AMOXICILLIN	30	CAP	500 MG	\$ 10.43
AMOXICILLIN	up to 150ml	SUSP	250 MG/5MLS	\$ 3.99
AMOXICILLIN/CLAVULANANT POTASSIUM	10	TAB	875 MG	\$ 15.38
AMOXICILLIN/CLAVULANANT POTASSIUM	20	TAB	875 MG	\$ 25.76
AMOXICILLIN/CLAVULANANT POTASSIUM	100ml	SUSP	400mg/57mg per 5 mls	\$ 28.20
AMOXICILLIN/CLAVULANANT POTASSIUM ES	75ml	SUSP	600mg/42.9 per 5mls	\$ 18.13
ATORVASTATIN	30	Tablet	20 mg	\$ 16.91
AZITHROMYCIN	6	TAB	250 MG	\$ 3.99
AZITHROMYCIN	15ml	SUSP	100 MG/5MLS	\$ 25.22
CEPHALEXIN	30	CAP	500 MG	\$ 14.54
CEPHALEXIN	20	CAP	500 MG	\$ 11.36
CIPROFLOXACN	20	TAB	500 MG	\$ 3.99
CYCLOBENZAPRINE	30	TAB	10 MG	\$ 3.99
DOXYCYCLINE/MONOHYDRATE	20	CPDR	100 MG	\$ 51.16
ERYTHROMYCIN	3.5	OINTMENT	3.5 GM	\$ 13.85
FLUCONAZOLE	1	TAB	150 MG	\$ 3.99
FLUTICASONE	16 GMS	SPRAY	50 MCG	\$ 21.76
GUAIFENSIN/DEXTROMETHORPHAN	4 OZ	SYRP	4 OZ	\$ 5.84
IBUPROFEN	30	TAB	800 MG	\$ 3.99
METRONIDAZOLE	14	TAB	500 MG	\$ 12.10
METRONIDAZOLE	20	TAB	250 MG	\$ 11.46
*OMEPRAZOLE	30	CAP	40mg	\$ 3.99
ONDANSETRON (regular tablets, not orally disengrating)	10	TB	4 MG	\$ 10.05
PREDNISONE	30	TAB	20 MG	\$ 3.99
PREDNISONE	30	Tab	10 MG	\$ 3.99
SULFAMETHOXAZOLE/TRIMETHOPRIM	6	TAB	800-160	\$ 6.16
SULFAMETHOXAZOLE/TRIMETHOPRIM	20	TAB	800-160	\$ 8.86
SULFAMETHOXAZOLE/TRIMETHOPRIM	30	TAB	800-160	\$ 10.79
*SUMATRIPTAN	9	TAB	50 MG	\$ 21.65
TRIMETOHPRIM/POLY B	10 ML	OPHT SOLN	10,000U/1MG	\$ 15.80

