**Attachment 7**

**List of Services for Which Respondent Will Submit a Proposal**

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| **List of Services** | **Check the Service for which You Intend to Submit a Proposal** |
| Imaging |  |
| Emergency Room and Inpatient Services  |  |
| EKG |  |
| Ocular Health and Optometry |  |
| Outpatient Specialty/Community Services |  |
| Outpatient Infectious Disease |  |
| Outpatient Orthopedic |  |
| Outpatient Podiatry |  |
| Endocrinology |  |
| Outpatient Cancer Care/Oncology |  |
| Cardiology |  |
| Heart Rhythm Diagnostics (ECG), Reporting and Interpretation Services |  |
| Other Outpatient Services (Please specify) |  |
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|  |  |
|  |  |
| Other Proposed Services (Specify) |  |
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