

## General Professional Services Questionnaire

<b>A. Project Name and Advertisement Resolution Number:</b> Provide Medical Review Officer Services SOQ 23-020
<b>B. Firm Name &amp; Address:</b> West Jefferson Industrial Medicine 107 Wall Blvd. Gretna, LA 70056
<b>C. Name, title, &amp; contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:</b> Brian Bourgeois owner-manager 107 Wall Blvd. Gretna, LA 70056 504-433-5070 drb@wjimed.com
<b>D. Address of principal office where Project work will be performed:</b> 107 Wall Blvd Gretna, LA 70056
<b>E. Is this submittal by a JOINT-VENTURE? Please check:</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.</b>
<b>F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.</b>
1. West Jefferson Medical Center - LCMC financial - administrative
2. Westbank Industrial Medicine technical - financial - administrative

## General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES  NO

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. NONE		
2.		
3.		
4.		
5.		

## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> <u>15</u>
<b>J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b> Brian Bourgeois, M.D. - owner/manager, physician
<b>Name of Firm with which associated:</b> West Jefferson Industrial Medicine Westbank Industrial Medicine
<b>Description of job responsibilities:</b> acting manager and primary physician provider
<b>Years' experience with this Firm:</b> 20 years
<b>Education: Degree(s)/Year/Specialization:</b> Doctor of Medicine 1993 - Louisiana State University New Orleans see attached
<b>Other experience and qualifications relevant to the proposed Project:</b> Expert in Occupational Medicine, drug screening, and work related health care. Acts as provider and Medical Director for a vast array of companies both local and international.

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 2</b>
<b>Name &amp; Title:</b>
Stephanie Young, CNP medical staff and provider
<b>Name of Firm with which associated:</b>
West Jefferson Industrial Medicine
<b>Description of job responsibilities:</b>
provider of medical services
<b>Years' experience with this Firm:</b>
10 years
<b>Education: Degree(s)/Year/Specialization:</b>
Master of Science in Nursing - Seaton Hall - 1995 Certified Family Nurse Practitioner - 1998
<b>Other experience and qualifications relevant to the proposed Project:</b>
Ms. Young has worked in the area of occupational medicine for over 20 years. She has worked with a vast array of industries and employers and possesses both a strong academic knowledge and a level of practical expertise that is unique.

**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 3</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 4</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>



**General Professional Services Questionnaire**

**K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.**

<b>PROJECT NO. 1</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Jefferson Parish Government - all departments 1221 Elmwood Parkway Jefferson, LA 70123	Current provide of all occauptational medical services for Jefferson Parish including drug screen and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
greater than 10 years	see attached fee schedule #1

<b>PROJECT NO. 2</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
City of Gretna government - all divisions Gwen Turner PO Box 404 Gretna, LA 70054 504-227-7615	Current and long term provider of occupational medical services to all departments and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
15 years	see attached fee schedule #2

**General Professional Services Questionnaire**

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Marrero-Estelle Fire Department 2248 Barataria Blvd Marrero, LA 70072 Ms. Christina Matherne Office: 504-349-5585	Occupational medical services and drug screening plus medical review officers
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
20 years	see attached fee schedule #2

<b>PROJECT NO. 4</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Jefferson Door 1227 1st Avenue Harvey, LA 70058 Ms. Francis Billiot Office: 504-340-2471	Occupational medical services and drug screening plus medical review officers
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
10+ years	see attached fee schedule #2

**General Professional Services Questionnaire**

<b>PROJECT NO. 5</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
The University of Holy Cross 4123 Woodland Drive New Orleans, LA 70131 Dr. Patricia Preschter Office: 504-398-2213	Drug Screening and Medical Review Officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
10+ years	see attached fee schedule #2

<b>PROJECT NO. 6</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Belle Chasse Marine 5813 Citrus Blvd., Ste 200 New Orleans, LA 70123 Ms, Kayla Frickey Director HR Office: 504-837-3125	Medical Director , provider of medical services, and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
10+ years	see attached fee schedule #2

## General Professional Services Questionnaire

<b>PROJECT NO. 7</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
HUTCO 3635 Lapalco Blvd., Ste 100 Harvey, LA 70058 Mr. Jose Ramirez	current provider of all occupational medical services and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
15 years	see attached fee schedule #2

<b>PROJECT NO. 8</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
John W. Stone Oil Company 1601 Belle Chasse Hwy., Ste 300 Gretna, LA 70056 Ms. Marissa Andrews	current provider of all occupational medical services, drug screening, and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
15 years	see attached fee schedule #2

**General Professional Services Questionnaire**

<b>PROJECT NO. 9</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Mile Point 5821 River Road Westwego, LA 70094 Ms. Jennifer Batiste Office: 504-436-1234	Provider of all occupational medical services and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
10+ years	see attached fee schedule #2

<b>PROJECT NO. 10</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Archdiocese of New Orleans 3000 W. Esplanade Ave. Ste 300 Metairie, LA 70002	current provider of all occupational medical services, drug screening, and medical review officer
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
10+ years	see attached fee schedule #2

**General Professional Services Questionnaire**

**L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.**

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.  NONE		
2.		
3.		
4.		

**M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.**

West Jefferson Industrial Medicine has been the premiere provider of occupational medicine in the area for more than 30 years. We have provided expertise gained through years of experience with over 400 client companies that encompass petroleum, plant, energy, marine, construction, and government entities. We have weathered hurricanes, market changes, and pandemics: and we have been employers go-to partner for all medical services.

**N. To the best of my knowledge, the foregoing is an accurate statement of facts.**

Signature: \_\_\_\_\_ Print Name: Brian Bourgeois, MD  
 Title: Owner/Manager Date: 8/15/2023



**West Jefferson  
Industrial Medicine, L.L.C.**  
*Your Company.... Our Priority*

**Proposed Price List for Jefferson Parish Government**

Drug screen collection only	\$25.00
Alcohol EST Screen	\$35.00
Alcohol EBT Confirmation	\$30.00
On-Site Fee	\$65.00
MRO Results Consultation	\$15.00
MRO Record Review	\$20.00
MRO Record Review/Office Visit	\$68.00
After Hours Visit	\$250.00
Fit for Duty Exam	\$182.00
Workers Comp Initial Visit	\$182.00
Workers Comp Follow-Up Visit	\$105.00
Physical (Own Form)	\$55.00
CDL Physical	\$90.00
PPD/ T.B.	\$20.00
X-Rat Chest (1)	\$70.00
Chem Panel	\$46.00
U/A with Microscope	\$16.00
Stool Occult Blood	\$105.00
CBC with Differential/Platelet	\$40.00
Wasserman/RPR	\$25.00
HIV Panel	\$60.00
Audiogram	\$30.00
EKG	\$55.00
Pulmonary Function Test (PFT)	\$40.00
Paperwork Fee	\$10.00
Sedimentation Rate/ESR	\$35.00
Atypical Pneumonia	\$143.59
Legionella Pnemophila Urinary Antigen	\$20.00
Ferritin	\$29.83



# West Jefferson Industrial Medicine, L.L.C.

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## Client Price List as of May 1, 2023 #2

### Drug Screen

NON-DOT	\$55.00
DOT	\$55.00
Collection	\$25.00
Rapid 5	\$45.00
Rapid 12	\$45.00

### EBT

EBT Screen	\$35.00
EBT Confirmation	\$35.00

After Hours                      \$75.00

### Fingerprints

Finger Print	\$25.00
Additional prints	\$10.00

### Physicals

❖ Physical	\$60.00
❖ Sports Physical	\$30.00
❖ Coast Guard	\$65.00
❖ CDL	\$100.00
❖ Crane Operator	\$70.00

**Asbestos Physical Total is                      \$250.00**

❖ Physical	\$60.00
❖ Chest X-Ray	\$70.00
❖ PFT	\$35.00
❖ Respirator Medical Questionnaire	\$20.00
❖ B Reader Interpretation	\$65.00

**Asbestos Physical with Respirator Fit Test    \$290.00**

**Divers Physical \$300.00 (>35 Yrs EKG)      \$245.00 W/O EKG**

❖ Physical	\$85.00
❖ Chest X-Ray	\$70.00
❖ Wasserman/RPR	\$25.00
❖ Audiogram	\$30.00
❖ EKG	\$55.00
❖ PFT	\$35.00
❖ Pregnancy Test (Women)	\$20.00



# West Jefferson Industrial Medicine, L.L.C.

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## **UKOOA \$295.00 (W/O Injections or Labs)**

❖ Physical	\$85.00
❖ Chest X-Ray	\$70.00
❖ Audiogram	\$30.00
❖ EKG	\$55.00
❖ PFT	\$35.00
❖ Respirator Questionnaire	\$20.00

## **Miscellaneous**

Respirator Questionnaire	\$20.00
Benzene Questionnaire	\$10.00
Respirator Full Face	\$40.00
Respirator Half Face	\$40.00
Audiogram	\$30.00
EKG	\$55.00
PFT	\$35.00
Chest X-Ray	\$70.00
B-Reader Interpretation	\$65.00
Blood Pressure Monitoring	\$ 5.00

## **Injections**

Immunization Administration Fee	\$10.00
Varicella	\$175.00
MMR	\$95.00
Tetanus, Diphtheria, Pertussis	\$65.00
Tetanus Toxoid	\$42.00
Diphtheria Tetanus	\$46.00
Hepatitis A	\$100.00/injection (1 <sup>st</sup> , 2 <sup>nd</sup> , and 6 Mos Later)
Hepatitis B	\$100.00/injection (1 <sup>st</sup> , 2 <sup>nd</sup> , and 6 Mos Later)
Flu Vaccine	\$25.00
Typhim	\$120.00
Polio Vaccine	\$40.00
Pneumococcal Vaccine	\$110.00
Meningococcal Vaccine	\$198.00
TB Skin Test	\$20.00
Quantiferon Blood Test for TB	\$150.00



# West Jefferson Industrial Medicine, L.L.C.

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## Labs

Chem Panel	\$ 46.00
U/A w/ Microscope	\$ 16.00
CBC w/ Differential Platelet	\$ 40.00
Glucose Stick Blood	\$ 10.00
Malaria Blood Work	\$161.00
MMR Titer	\$185.00
Varicella-Zoster Titer	\$ 68.00
Hepatitis A Panel	\$ 74.00
Hepatitis B Antibodies	\$ 85.00
Hepatic Function	\$ 25.00
Chromium Blood Test	\$ 84.00
Thyroxine (T4) Bloodwork	\$ 30.00
Uric Acid (Blood)	\$ 37.00
Reticulocyte Auto (Blood)	\$ 40.00
Stool Occult	\$105.00
HIV	\$ 60.00
A1C	\$ 33.00
Lead / ZPP	\$ 45.00
ABO/RH Grouping	\$ 30.00
Lipid Panel	\$ 25.00
Venipuncture	\$ 15.00

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

**WALLET CARD**

SIGN CARD IN SPACE PROVIDED. LICENSEES SHOULD KEEP THIS CARD WITH THEM.

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

630 Camp Street, New Orleans, LA 70130

Discipline: **PHYSICIAN & SURGEON - MD**

\*Credentialing Entity: For verifications go to [www.lsbme.la.gov](http://www.lsbme.la.gov)

Expiration Date : **08/31/2024**

License # : **MD.10467R**

**BRIAN M. BOURGEOIS**

**107 WALL BLVD. STE A**

**Gretna LA 70056**

For information, forms,  
verifications or to update  
your contact information  
please visit our website at

[www.lsbme.la.gov](http://www.lsbme.la.gov)

SIGNATURE OF LICENSEE  
CARD MUST BE SIGNED TO BE VALID

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

WEST JEFFERSON INDUSTRIAL MEDICINE, LL  
107 WALL BLVD, STE A  
GRETNA, LA 70056

CLIA ID NUMBER

19D1049898

EFFECTIVE DATE

01/20/2022

LABORATORY DIRECTOR

EXPIRATION DATE

BRIAN BOURGEOIS M.D.

01/19/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Regina S. Van Brakle*

Regina S. Van Brakle, Acting Director  
Division of Clinical Laboratory Improvement & Quality  
Quality, Safety & Oversight Group  
Center for Clinical Standards and Quality

1610 Certs1\_122121

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



Theodore F. Shults, MS, JD  
Chairman  
(919) 489-5407

American Association of Medical Review Officers

January 21, 2021

**Verification of Certification for:** Brian Bourgeois, M.D.  
West Jefferson Industrial Medicine  
107 Wall Blvd  
Gretna, LA 70056

**Certification Number:** 030622101

**Current Certification Date:** January 13, 2021

**Certification Expiration Date:** January 13, 2026

This notice serves as verification that the above-referenced physician having presented to the Executive Board of the American Association of Medical Review Officers (AAMRO) satisfactory evidence of prescribed qualification and having passed an approved examination in accordance with national standards of competency and expertise established for Medical Review Officers is hereby accredited and designated as a Certified Medical Review Officer.

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program or online training and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers. ([www.aamro.com](http://www.aamro.com))

Theodore F. Shults, J.D., M.S.  
Chairman

# CERTIFICATE OF CONTINUING MEDICAL EDUCATION

presented to

## BRIAN M. BOURGEOIS, MD

Has participated 18 hours during the educational activity titled  
AME Refresher Seminar for Aviation Medical Examiners  
August 4-6, 2023

The Civil Aerospace Medical Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Civil Aerospace Medical Institute designates this live activity for a maximum of 18 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The AAFP has reviewed Aviation Medical Examiner Refresher Training, and deemed it acceptable for AAFP credit. Term of approval is from 01/27/2023 to 11/19/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit approval includes the following session(s): 18 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Aviation Medical Examiner Refresher Training.

AOA 18 Category 1-A.



Susan E. Northrup, M.D.  
Federal Air Surgeon



Federal Aviation  
Administration

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB4294168	07-31-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	06-03-2021
BOURGEOIS, BRIAN, M, MD 107 WALL BLVD GRETNA, LA 70056		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
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 WASHINGTON D.C. 20537

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