

**SIGNATURE PAGE**

**P-4-2022**

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: ANNA KUFELNICKA, MD  
(PRINT)

Preparer's Name: \_\_\_\_\_  
(PRINT)

Signature: A Kufelnicka 10/4/21  
(DATE)

Address: 182 Pin Oak Rd, Freehold, NJ

Telephone No.: 9086983449

Fax No.: \_\_\_\_\_

E-Mail Address: anna.kufelnicka@hmtm.org  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: \_\_\_\_\_

FEIN: \_\_\_\_\_  
(Federal Employee ID)

(Revised 2/2017)

**REQUIREMENTS**

- Current license in good standing from the New Jersey Board of Medical Examiners
- Specialty in infectious diseases or Pulmonology
- Experience in the diagnosis, treatment and management of tuberculosis, according to the standards of the American Thoracic Society and the recommendations for prevention and treatment of tuberculosis of the New Jersey Thoracic Society

**DUTIES**

- Provide overall medical direction/consultation for the Department's Tuberculosis Control Program
- Be available to see all individuals receiving medications for the treatment or prevention of tuberculosis, and persons, whether suspects, contacts or reactors, in need of diagnostic evaluation
- These shall include, but not be limited to, patients with suspected drug toxicity, special tuberculosis, or other health problems; patients asking to see the physician, and those for whom a clinic nurse has requested consultation
- Provide consultation to private physicians as requested

**LIABILITY**

Has in force and effect, a liability insurance policy providing protection from claims of malpractice, in the amount of \$1,000,000.

**FEE**

Consultant fee for services rendered shall be quoted as a rate per hour of service.

Hourly Fee \$ 150.00