



**Mountain Medical Urgent Care
Occupational Health Services Contract**

Company Name: _____

Billing Address: _____

Phone: _____ **Fax:** _____

Contact/DER Name: _____

Phone: _____ **Email:** _____

Name and phone number of Company Contact(s)- these are person(s) who are authorized to receive results and change company protocols.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

What method of notification would you like for results?

- Telephone, is it ok for us to leave a voice mail? YES NO
- Encrypted Email with PDF attachment, email address: _____
- Email with PDF attachment, email address: _____
- Fax, fax number: _____
- US mail, mailing address: _____

Payment is due upon receipt of invoice; all remittance must include a statement number.

Date: _____

Company Representative Signature



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Drug & Alcohol Testing

4 Panel: \$37.00 (DFWNTG)

- Amphetamines
- Cocaine
- Opiates
- Phencyclidine (PCP/Angel Dust)

5 Panel: \$40.00 (DFW50G)

- Amphetamines
- Cocaine
- Marijuana
- Opiates
- Phencyclidine (PCP/Angel Dust)

9 Panel: \$45.00 (SAP750F)

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Ecstasy
- Marijuana
- Opiates
- Phencyclidine (PCP/Angel Dust)

12 Panel: \$50.00 (EDS50F)

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Ecstasy
- Marijuana
- Methadone
- Methaqualone
- Opiates
- Phencyclidine (PCP)
- Propoxyphene

DOT 5 Panel: \$55.00

Medical Review: \$40.00

EtG Only: \$50.00

Oral Mouth Swab: \$50.00
{5 panel drug test}

Breath Alcohol: \$35

Breath Alcohol Confirmation: \$20

*Ask about other panels we might offer

1. For what reasons would you like drug/alcohol testing provided? (i.e. pre-employments, CDL Consortium, reasonable suspicion and/or post accidents?)

If consortium is required, how many drivers do you have? _____

2. Are we to do a different drug panel for different reasons of testing (i.e. 5 panel for pre-employment but 12 panel for post-accident)?

If so, please specify _____

3. What protocols do you want in place for the following situations?

- Out of temp specimen: _____
- Shybladder: _____
- Quantity not sufficient: _____



Other Services Offered

- Audiometry \$70.00
- Back Evaluation \$50.00
- Chest X-ray \$150.00
- Consortium Randomization \$5.00 per random
\$200.00 annually
- DOT or NON DOT drug test collection only \$20.00
- DOT Physical \$100.00
- Drug screen collection Offsite Setup \$40.00 plus FedEx fees
- EKG w/interpretation \$135.00
- Flu vaccination \$40.00
- Hepatitis A antibody \$20.00
- Hepatitis A vaccination (per vaccine) \$120.00
Includes injection cost
- Hepatitis B antibody \$20.00
- Hepatitis B vaccination (per vaccine) \$70.00
Includes injection cost
- Back Evaluation \$50.00
- Manual Lift/Push and Pull test \$60.00
- Physical Exam \$100.00
- PPD (TB Skin Test) \$25.00
- Quantiferon TB Gold test \$110.00
- Respiratory Fit test \$100.00
- Respiratory Questionnaire (OSHA) \$25.00
- Spirometry – Pulmonary Function Test \$110.00
- Venipuncture (collection only) \$25.00
- Venipuncture and Lab processing fee \$45.00

Plus much more!