



Mountain Medical Immediate Care Occupational Health Services Contract

DRUG TESTING PANELS

Includes in-house Chain of Custody forms, collection cups, MRO, and Lab

5 Panel: \$37.00

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

6 Panel: \$40.00

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

10 Panel: \$47.00

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

**Medical Review for
Positive Drug Tests \$25.00**

Direct Observation Add \$10

1. For what reasons would you like drug/alcohol testing provided?

- | | |
|---|--|
| <input type="checkbox"/> All Reasons | <input type="checkbox"/> For Cause |
| <input type="checkbox"/> Pre Employment | <input type="checkbox"/> Post Accident |
| <input type="checkbox"/> Random | <input type="checkbox"/> BA's upon Client request only |

2. Are we to do a different drug panel for different reasons of testing (i.e. 5 panel for pre employment but 10 panel for post accident)?

If so, please specify _____
_____.

3. Name of Company Contact to receive results _____.

4. Telephone Number of Company contact _____

5. What method of notification would you like for drug test/alcohol results?

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

6. Please specify the circumstances, if any, we are to do direct observation collections (i.e. all collections, post accident only, none unless specified by Client).

COLLECTION ONLY SERVICES

Client must provide Chain of Custody forms, collection cups, MRO, and Lab

- DOT Urine Test – Collection only \$20.00**
- Non DOT Urine Test – Collection only \$20.00**

Please ensure that MMG has received all needed materials and paperwork prior to sending in the donor.

Other Available Occupational Health Services

- | | |
|--|----------|
| <input type="checkbox"/> Audiometry | \$ 57.00 |
| <input type="checkbox"/> Flu Vaccination | \$ 25.00 |
| <input type="checkbox"/> Hep B Series | \$263.00 |
| <input type="checkbox"/> PPD (TB Test) | \$ 26.00 |
| <input type="checkbox"/> Physicals (pre-employment & DOT) | \$ 80.00 |
| <input type="checkbox"/> Spirometry – Pulmonary Function Test | \$ 90.00 |
| <input type="checkbox"/> Titre | \$ 56.00 |
| <input type="checkbox"/> Venipuncture | \$ 30.00 |
| <input type="checkbox"/> OutLab | \$ 26.00 |
| <input type="checkbox"/> Respiratory Physicals | \$104.00 |
| <input type="checkbox"/> Manual Lift Test | \$ 25.00 |
| <input type="checkbox"/> Ergonomic/ Musculoskeletal Assessment | \$ 50.00 |
| <input type="checkbox"/> Back Evaluation | \$ 42.00 |
| <input type="checkbox"/> Chest X-ray | \$129.00 |
| <input type="checkbox"/> EKG w/interpretation | \$112.00 |

Company Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Contact Name: _____ **Phone:** _____

Payment is due upon receipt, a \$5.00 monthly rebill fee will be added to unpaid balances, all remittance must include acct #, DOS and donor name.

Company Representative Signature

Date: _____

Dorothy Duke, Director of Operations, MMG

Date: _____