



Letter of Agreement

This agreement is a definition of terms for the provision of medical testing and examinations by State Road Medical Facility, LLC hereinafter referred to as “provider” for employees of _____ Company Name hereinafter referred to as “the employer”. Whereas the employer desires the provider to offer and perform medical testing and examinations in accordance with the following terms:

EMPLOYER TERMS:

The employer will designate staff persons who are authorized to receive confidential medical information and will agree to manage the information in a confidential manner as required by OSHA and other regulatory agencies. (Please refer to OSHA standard: “Access to Medical and Exposure Records”).

Employer Address: _____

Authorized Results Reporting Contact Person(s):

1. Name: _____ Phone: _____
 Email: _____ Fax: _____

2. Name: _____ Phone: _____
 Email: _____ Fax: _____

Authorized Billing Contact Person:

Name: _____
 Address: _____
 Ph: _____ Fax: _____
 Email: _____
 Preferred Billing Method: _____

Services and Fees: Check ONLY if wanted.

<input type="checkbox"/> Pre-Placement & Periodic Physical Exam	\$75.00
<input type="checkbox"/> Department of Transportation Exam	\$90.00
<input type="checkbox"/> T8 – Bus Driver Exam w/ Audiogram	\$118.00
<input type="checkbox"/> T8 – Bus Driver Exam w/o Audiogram	\$90.00
<input type="checkbox"/> Work Return Exam	\$75.00
<input type="checkbox"/> Employer Health Visit**	\$65.00
<input type="checkbox"/> Urinalysis	\$15.00
<input type="checkbox"/> OSHA Respiratory Questionnaire	\$15.00
<input type="checkbox"/> Respiratory Clearance Exam	\$40.00
<input type="checkbox"/> Respiratory Fit Testing	\$65.00
<input type="checkbox"/> Audiometric testing	\$28.00

<input type="checkbox"/> Spirometry Exam (PFT)	\$45.00
<input type="checkbox"/> Vision Screening (Titmus or Snellen)	\$15.00
<input type="checkbox"/> EKG w/ Physician Review	\$65.00
<input type="checkbox"/> DOT Urine Drug Screen w/MRO review	\$39.00
• Non-DOT Drug Screens:	
<input type="checkbox"/> 5 Panel Urine	\$39.00
<input type="checkbox"/> 9 Panel Urine	\$39.00
<input type="checkbox"/> 9 Panel w/ THC Exclusion Urine	\$39.00
<input type="checkbox"/> 10 Panel Urine	\$39.00
<input type="checkbox"/> 9 Panel w/ Exp. Opiates Urine	\$42.00
<input type="checkbox"/> 10 Panel Exp. Opiates w/ Nicotine Urine	\$44.00
<input type="checkbox"/> 6 Panel Rapid Urine Drug Screen	\$36.00
<input type="checkbox"/> 10 Panel Rapid Urine Drug Screening	\$36.00
<input type="checkbox"/> 5 Panel Oral Fluid	\$45.00
<input type="checkbox"/> 9 Panel Oral Fluid	\$49.00
<input type="checkbox"/> 5 Panel Rapid Oral Fluid	\$40.00
<input type="checkbox"/> 10 Panel Rapid Oral Fluid	\$40.00

Services and Fees Cont.

<input type="checkbox"/> Urine Drug Screen Collection Only	\$30.00
<input type="checkbox"/> Hair 6 Panel Drug Screen	\$75.00
<input type="checkbox"/> Hair Drug Screen Collection Only	\$27.50
<input type="checkbox"/> DOT Breath Alcohol Testing	\$35.00
<input type="checkbox"/> Non-DOT Breath Alcohol Testing	\$35.00
<input type="checkbox"/> Breath Alcohol Confirmation Testing	\$35.00
<input type="checkbox"/> 2 View Chest X-Ray (PA & Lat) w/Read	\$160.00
<input type="checkbox"/> Cardiac Stress Test	\$120.00
<input type="checkbox"/> Influenza Vaccine	\$25.00
<input type="checkbox"/> Tdap Vaccine	\$58.00
<input type="checkbox"/> TB (PPD) Mantoux Skin Test	\$15.00 per step
<input type="checkbox"/> B-Reader Chest X-Rays	\$190.00
<input type="checkbox"/> Lift Test 1 (50lb limit)	\$35.00
<input type="checkbox"/> Lift Test 2 (51-75lbs.)	\$35.00
<input type="checkbox"/> Lift Test 3 (76-100lbs.)	\$35.00
<input type="checkbox"/> Kraus-Weber Fitness Test	\$35.00

MRO Services to be applied to all positive drug tests: \$28.00

This cannot be waived

****Employer Health Visits are basic health care visits for employees paid for by the employer and authorized by the employer. These visits are HIPAA compliant and protected health information will not be shared with the employer unless authorized in writing by the employee.**



Medical Facility Hours of Operation:

Monday - Friday, 7:30 am – 4:00 pm

Onsite & After-hours charges are as follows: FOR DRUG/ALCOHOL TESTING:

\$ 50.00 Monday – Friday, 7:30 am – 4:00 pm

\$ 65.00 Monday-Friday, 4:00 pm – 10:00 pm

\$ 85.00 Monday – Friday, 10:00 pm – 7:30 am, Weekends and Holidays

***These fees are in addition to the normal procedural fee.**

Additional Services Offered w/adjustable fees; test/procedure dependent:

- We also offer access to a full-scale laboratory. Fees are dependent on the tests that are ordered. If only collecting the blood specimen, to be sent out to your lab, there will be a \$25.00 specimen collection fee.
- Worker’s Compensation injuries, both acute-care and follow-up care is available, with on-site workers compensation specialist to expedite care management.
- Physical therapy is available on-site by BWC certified providers and is also available at cash pay rates of \$80.00 for 1hr or \$50.00 for .5hr
- Family practice appointments are available to private patients for \$70.00 per office visit.
- Chiropractic services are available to private patients, rates vary by services rendered.

PROVIDER TERMS:

The provider agrees to perform the following tests and examinations for the employer on their designated employees by certified medical staff and report of these services to the listed employer contact person.

The provider agrees to maintain in confidence the medical information on the employees in a secure location for the required OSHA, DOT, and any other regulatory retention periods.

AGREEMENT TERM:

The term of this agreement is for one year beginning on _____ and will be automatically renewed on a yearly basis, unless either party gives a written 30-day notice. Fee schedule changes can be implemented only upon 30 days written notice to the employer by the provider. This agreement supersedes all prior agreements between the parties in connection with the subject matter. This agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

In witness where of, the parties have executed this agreement.

Provider: _____ Date: _____

Employer: _____ Date: _____



Worker's Compensation Information:

Is your company? (Circle one)

- Self-Insured
- BWC State Funded

If you are self-insured, to whom do the invoices and medical reports go to (including after hours)?

TPA/Company Rep.: _____

Address: _____

Phone Number: _____ Fax Number: _____

If you are BWC state funded, who is your MCO? _____

BWC Policy Number: _____

Additional Testing & Worker's Compensation Questions

Do you have light duty/restricted work duty available? *Please provide us with additional information about light duty jobs available. YES NO

Do you want post-accident drug screens done on all injuries sent to our office? YES NO

Do you want post-accident breath alcohol tests done on all injuries as well? YES NO

For after-hours testing, please call our office at (440)997-5988 any time after closure and select option 5 to contact an after-hours attendant that will schedule the test to be done at our facility.

Are there any special circumstances for drug/alcohol testing, such as supervisor request only, vehicle accident only, etc. ...? Please explain on the next page.

