



Occupational Medicine Services
Company Profile

Today's Date:

Company Information:

Company Name
Total Number of Employees
Physical Address
City
State Zip
Mailing Address
City
State Zip
Telephone
Fax Is Fax Secure?

Contact Information:

Contact #1
Telephone After Hours Contact
Cell Phone
Fax Is Fax Secure?
Email
Contact #2
Telephone After Hours Contact
Cell Phone
Fax Is Fax Secure?
Email

Third Party Administrator (TPA):

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?

Bill Worker's Compensation To:

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?
Drug Screen Type: Pre-employment Post Accident (by request) Just Cause
Random Post Accident (all accidents)

Bill Physicals To:

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?
Physical Type: Pre-employment DOT Other

**Bill All Other Services To:**

Company Name \_\_\_\_\_

Attention To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Is Fax Secure?

OSHA Requirements:  OSHA Respiratory Protection Program  OSHA Hearing Conservation Program

**Special Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dedicated Occupational Medicine Specialty Centers (9 Locations)**

**(Prices subject to change.)**

| Occupational Medicine Services   | C-Code | Pricing |
|--|--------|---------|
| <input type="checkbox"/> Physical Examination: Post-Offer /Pre-Employment (Atrium Form)  | C0055  | \$75    |
| <input type="checkbox"/> Physical Examination: Post-Offer /Pre-Employment (Employer Form)  | C0061  | \$100   |
| <input type="checkbox"/> Physical Examination: DOT (Standard DOT Form)   | C002   | \$85    |
| <input type="checkbox"/> Physical Examination: Post DOT Follow-up Review   | C0086  | \$60    |
| <input type="checkbox"/> Drug Screen: Blood Alcohol Testing (House Account-LabCorp)  | C0011  | \$37    |
| <input type="checkbox"/> Drug Screen: Blood Alcohol Testing (Collection Only, Non-House Account)                                   | C0010  | \$20    |
| <input type="checkbox"/> Drug Screen: Hair Testing (House Account-LabCorp)   | C0081  | \$75    |
| <input type="checkbox"/> Drug Screen: Oral Fluid 5 Panel (House Account-LabCorp using Quantisal Kits)                              | C0079  | \$45    |
| <input type="checkbox"/> Drug Screen: POCT (Urine Rapid) 6 Panel (House Account-NexScreen Cups)                                    | C0077  | \$40    |
| <input type="checkbox"/> Drug Screen: POCT (Urine Rapid) 10 Panel (House Account-NexScreen Cups)                                   | C0078  | \$50    |
| <input type="checkbox"/> Drug Screen: Urine DOT 5 Panel (House Account-LabCorp)  | C0026  | \$50    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 5 Panel (House Account-LabCorp)  | C0029  | \$40    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 9 Panel (House Account-LabCorp)  | C0028  | \$45    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 10 Panel (House Account-LabCorp)   | C0083  | \$50    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel +Oxycodone, Meperidine, Tramadol)<br>(House Account-LabCorp) | C0117  | \$65    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Fentanyl, Meperidine, Tramadol)<br>(House Account-LabCorp) | C0118  | \$75    |

## Dedicated Occupational Medicine Specialty Centers (9 Locations)

| Occupational Medicine Services, Continued   | C-Code | Pricing |
|---|--------|---------|
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Oxycodone, MDMA) (House Account-LabCorp)                    | C0116  | \$55    |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (10 panel + Oxycodone, MDMA) (House Account-LabCorp)                   | C0120  | \$55    |
| <input type="checkbox"/> Drug Screen: Urine DOT and Non-DOT Testing (Collection Only, Non-House Account)                            | C0027  | \$20    |
| <input type="checkbox"/> Drug Screen: Breath Alcohol Confirmation   | C0012  | \$40    |
| <input type="checkbox"/> Drug Screen: Breath Alcohol Screening  | C0013  | \$20    |
| <input type="checkbox"/> Radiology Service: Chest X-ray PA & Lateral w/Interpretation   | C0020  | \$60    |
| <input type="checkbox"/> Radiology Service: Chest X-ray PA w/Interpretation   | C0021  | \$45    |
| <input type="checkbox"/> Radiology Service: Lumbar Spine X-Ray (5 View w/Interpretation)  | C0016  | \$108   |
| <input type="checkbox"/> Radiology Service: Lumbar Spine X-Ray (2 View w/Interpretation)  | C0015  | \$63    |
| <input type="checkbox"/> EKG with Results Review  | C0034  | \$45    |
| <input type="checkbox"/> Blood Draw (venipuncture)  | C0122  | \$20    |
| <input type="checkbox"/> CBC w/Differential   | C0106  | \$15    |
| <input type="checkbox"/> Comprehensive Metabolic Panel  | C0091  | \$40    |
| <input type="checkbox"/> Executive Profile (Comprehensive Metabolic Profile, Lipid Profile, CBC with differential, Thyroid Profile) | C0115  | \$45    |
| <input type="checkbox"/> PPD Tuberculosis Testing/Reading   | C0082  | \$16    |
| <input type="checkbox"/> Lipid Profile  | C0092  | \$35    |
| <input type="checkbox"/> Liver Function Test  | C0093  | \$35    |
| <input type="checkbox"/> Glucose  | C0036  | \$22    |
| <input type="checkbox"/> Thyroid Panel (TSH)  | C0103  | \$70    |
| <input type="checkbox"/> Urinalysis (Dipstick)  | C0069  | \$8     |
| <input type="checkbox"/> Vaccinations: Hepatitis B (Series of 3: \$50/shot)   | C0043  | \$50    |
| <b>Bloodborne Pathogen Protocol for Source Employee Includes the Following Labs:</b>  |        |         |
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Surface Antigen   | C0042  | \$37    |
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis C Antibody  | C0038  | \$37    |
| <input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test  | C0085  | \$120   |
| <b>Bloodborne Pathogen Protocol for Employee Exposure Includes the Following Labs:</b>  |        |         |
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Surface Antibody/Titer  | C0040  | \$37    |
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis C Antibody  | C0038  | \$37    |
| <input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test  | C0085  | \$120   |

## Dedicated Occupational Medicine Specialty Centers (9 Locations)

| Occupational Medicine Services, Continued                                  | C-Code | Pricing |
|--|--------|---------|
| <input type="checkbox"/> Audiogram w/ Results Review (Booth or Audiometer) | C009   | \$50    |
| <input type="checkbox"/> Spirometry Test with Review                       | C0065  | \$65    |
| <input type="checkbox"/> Respirator Questionnaire Review Only              | C0062  | \$35    |
| <input type="checkbox"/> Physical Examination: Respirator Clearance        | C0056  | \$50    |
| <input type="checkbox"/> Vision Screening: Titmus                          | C0066  | \$10    |
| <input type="checkbox"/> Physical Examination: Asbestos                    | C0063  | \$120   |
| <input type="checkbox"/> Physical Examination: HAZ-MAT                     | C0119  | \$100   |
| <input type="checkbox"/> Physical Examination: Level II                    | C0084  | \$85    |

### Urgent Care Occupational Medicine Services (All Locations)

|   |       |      |
|---|-------|------|
| <input type="checkbox"/> Drug Screen: Urine DOT (House Account-LabCorp)   | C0026 | \$50 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 5 Panel (House Account-LabCorp)   | C0029 | \$40 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 9 Panel (House Account-LabCorp)   | C0028 | \$45 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 10 Panel (House Account-LabCorp)  | C0083 | \$50 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Oxycodone, Meperidine, Tramadol)<br>(House Account-LabCorp) | C0117 | \$65 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Fentanyl, Meperidine, Tramadol)<br>(House Account-LabCorp)  | C0118 | \$75 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Oxycodone, MDMA) (House Account-LabCorp)                    | C0116 | \$55 |
| <input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (10 panel + Oxycodone, MDMA) (House Account-LabCorp)                   | C0120 | \$55 |
| <input type="checkbox"/> Drug Screen: Urine DOT and Non-DOT Testing (Collection Only, Non-House Account)                            | C0027 | \$20 |
| <input type="checkbox"/> Drug Screen: Breath Alcohol Confirmation   | C0012 | \$40 |
| <input type="checkbox"/> Drug Screen: Breath Alcohol Screening  | C0013 | \$20 |

### Bloodborne Pathogen Protocol for Source Employee Includes the Following Labs:

|   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Surface Antigen | C0042 | \$37  |
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis C Antibody        | C0038 | \$37  |
| <input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test    | C0085 | \$120 |

### Bloodborne Pathogen Protocol for Employee Exposure Includes the Following Labs:

|  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Antibody/Titer | C0040 | \$37  |
| <input type="checkbox"/> Hepatitis C Antibody                            | C0038 | \$37  |
| <input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test   | C0085 | \$120 |

## Atrium Health Contact Information

Atrium Health Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_