



4304 Andrews Hwy
 Midland TX 79703
 (432) 520-3020ext 122 bus (432) 699-1981 fax
ssanchez@orthomidland.com

Company Contract Price Agreement

We appreciate your business and in an effort to increase customer satisfaction and ease of billing, we are requesting that you review the list of services that are offered along with the fee associated with each one. Please mark each service/test that is required by your company. Services performed by PA and/or Medical Assistant. ***Please provide your employee's with a letter of authorization, on your letterhead, letting us know what you authorize at each appointment.**

- DOT PHYSICAL** in addition to test that are required by the state.

Physical	\$65.00
UA Dip (Urinalysis)	\$15.00
Audiogram	<u>\$32.00</u>
*Total	\$112.00
- Non-DOT PHYSICAL (Non Driver)**

Physical	\$60.00
UA Dip (Urinalysis)	\$15.00
Audiogram	<u>\$32.00</u>
*Total	\$107.00
- Respirator Fit Test**

Respiratory Fit Test	<u>\$65.00</u> (includes OSHA health questionnaire review and/or Evaluation & 2 Laminated cards) Additional Mask Fittings at the same time of service is \$25.00 each
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ADDITIONAL TESTING OFFERED UPON REQUEST:

- Admin/Nurse fee 99211, WC** **\$38.00 (fee for tests listed below) ** Not required if DOT or non-DOT is ordered.**
- Lumbar X-rays w/reading \$94.00
 - 2 View Chest X-rays w/reading \$150.00
 - UA Dip (Urinalysis) \$15.00
 - Audiogram \$32.00
 - Fit for Duty \$50-\$100.00 depending on job description and time needed to complete test.
 - BAT Breath Alcohol Test \$22.00
 - Pulmonary Function Test \$63.00 we do not offer spirometry.
 - TB Test/Reading \$55.00
 - 5 Panel Drug Screen \$40.00 (Instant results provided)
 - Send out Drug Screen Collection Fee \$25.00 (Fee is for handling only. This test is sent out for processing and will be billed separately by the lab. Employer must provide Chain of Custody.)

COMPANY INFORMATION

Company Name: _____ **Company Contact:** _____

Address: _____ **Direct Phone #** _____

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

Business Phone #: _____ **Fax #:** _____

Signature of Company Contact: _____ **Date:** _____

Give originals to patient? Yes No **OR** Fax or Email results to company? Yes No

Fax # or email address: _____

Contract is only valid for one year. Please contact the office to renew before your anniversary date.