Mary Rutan
OCCUPATIONAL
MEDICINE

Service Agreement

Thank you for choosing Mary Rutan Occupational Medicine for your organization's needs.

Corporate Responsibilities: As a condition to receiving Occupational Medicine Services from Mary Rutan Occupational Medicine ("MROM"), Company agrees to do the following:

- Notify MROM in writing within 10 days of any changes to this Agreement
- Make payment for all services rendered under this Agreement within 10 days
- Company shall be responsible for a $150.00 cancelation fee for on-site services that are scheduled and an employee fails to show for services without prior 24 hour notice

Term and Termination: This Agreement is effective for 1 year commencing on the date of this Agreement. This Agreement will renew under identical terms for consecutive additional terms of 1 year each, unless otherwise notified by MROM. Either party may terminate this Agreement at any time by providing the other party with 30 days written notice. This Agreement shall automatically terminate for Company's failure to make payment within 10 days of services rendered.

Notifications: Any written notifications required under this Agreement may be sent by email, fax, telephone, or first class regular mail postage prepaid. Unless otherwise specified, MROM shall send notices to the Designated Employer Representative (DER) identified below.

MROM is responsible for identifying results to the DER and the DER shall confirm our identity by asking for a password, which shall be: ***RESULTS1***

Company shall receive 3 month's written notice of any price increases to services provided by MROM under this Agreement. Prices are identified in Appendix 1 to this Agreement.

Company Name:	
Type of Company:	**Number of Employees:**
Address:	
City, State, Zip:	
Phone:	**Fax:**
Email:	
Authorizing Person (Print):	
Authorizing Person (Signature):	
Date:	

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Designated Employer Representative (DER) / Confidential Contacts

These are the only contacts in which we may speak with regarding the following:

- Worker's Compensation
- Drug Screen / Breath Alcohol Results
- Results of Physical Examinations

1st DER / Confidential Contact:

Name:
Phone Number:
Confidential Fax:
Cell Phone:
Email:

2nd DER / Confidential Contact:

Name:
Phone Number:
Confidential Fax:
Cell Phone:
Email:

3rd DER / Confidential Contact:

Name:
Phone Number:
Confidential Fax:
Cell Phone:
Email:

Testing Results

Preference of receiving testing results (drug and alcohol testing & physical examinations)

☐ **Mailed to:**
☐ **Faxed to:**
☐ **Emailed to:**

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Billing

Physical Accounts Payable:

Name:
Phone Number:
Address:
City, State, Zip:
Confidential Fax:
Email:

Drug Screen Accounts Payable *(if different from above):*

Name:
Phone Number:
Address:
City, State, Zip:
Confidential Fax:
Email:

Worker's Compensation

Please complete the selection below if you would like Corporate Health to care for your Worker's Compensation injuries and follow up appointments.

Worker's Compensation Company Contact

This person will be our contact for work related injuries and will receive paperwork regarding restrictions, etc.

Name:
Phone Number:
Address:
City, State, Zip:
Confidential Fax:
Email:

Worker's Compensation / Bureau of Worker's Compensation Billing

Does your company have a: ☐ Managed Care Organization (MCO) ☐ Third Party Administrator (TPA) ☐ or is Self-Insured
Name of MCO/TPA:
Address:
City, State, Zip:
Phone Number:
Fax:
Policy Number:

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Physical Examinations

All physical examinations include the following:

- *Height & Weight*
- *Vital Signs*
- *Examination by licensed healthcare provider*

Please select those from the list below that apply to your company.

- ☐ Basic Pre-Employment Physical Examination
- ☐ DOT Physical Examination (Initial & Recertification)
- ☐ T8 Physical Examination (School Bus & Van Drivers)
- ☐ HAZ MAT Physical Examination
- ☐ Ohio Police & Fire Pension Fund Physical Examination
- ☐ Respirator Physical Examination

- ☐ Custom Physical Examination
  - ☐ Specific Company Form to be completed (company to provide form)
  - ☐ Audiogram
  - ☐ Vision Testing
  - ☐ Urinalysis
  - ☐ Tuberculosis Skin Testing
  - ☐ Hepatitis B Vaccination Series
  - ☐ Tetanus, Diphtheria, Pertussis Vaccination
  - ☐ Other: _____

Fit For Duty / Functional Capacity Examinations

- ☐ Fit for Duty Examination
- ☐ Pre-Employment Examination
- ☐ Functional Capacity Examination

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Urine Drug Testing

1. SELECT REASONS FOR TESTING
(*DOT companies must select all reasons for testing)*

- ☐ Pre-Employment
- ☐ Post-Accident
- ☐ Random
- ☐ Reasonable Suspicion
- ☐ Return to Duty
- ☐ Follow Up

2. SELECT TESTING PANEL THAT BEST APPLIES TO YOUR COMPANY TYPE

- For Department of Transportation (DOT) Employers:
  - ☐ DOT 5 Panel
- For Drug Free Safety Employers:
  - ☐ 5+2
  - ☐ 10+2
- For Non-Federally Regulated Employers:
  - ☐ 5+2
  - ☐ 10+2
  - ☐ 9 Panel (excludes THC)
  - ☐ Rapid 9 Panel (excludes THC) (Not available for after hours)
  - ☐ Rapid 10 Panel (Not available for after hours)
- For School Districts:
  - ☐ 10+Alcohol
  - ☐ 10+Alcohol+Nicotine
- Collection Only (Company to Provide Chain of Custody Forms):
  - ☐ DOT Federally Regulated Collection Only
  - ☐ Non-DOT Collection Only

Rapid Testing is not available for after hours. If you selected rapid testing above, please select which panel you would like available for testing that may occur at Mary Rutan Hospital Laboratory 4:30pm – 7:00am.

- ☐ No After Hours Testing Needed
- ☐ 5+2
- ☐ 10+2
- ☐ 9 Panel (excludes THC)

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Breath Alcohol Testing

1. SELECT PURPOSE FOR TESTING

- ☐ DOT Federally Regulated
- ☐ Company Policy

2. SELECT REASONS FOR TESTING

- ☐ Pre-Employment
- ☐ Post-Accident
- ☐ Random
- ☐ Reasonable Suspicion
- ☐ Return to Duty
- ☐ Follow Up

DEPARTMENT OF TRANSPORTATION (DOT) EMPLOYERS ONLY

If your company policy states a POST ACCIDENT drug screen and breath alcohol are required, *even if DOT guidelines are not met*, this testing will be completed on Non-Federal Forms

- ☐ 10+2 Non-Federal Drug Screen (or)
- ☐ 5+2 Non-Federal Drug Screen
- ☐ Non-Federal Breath Alcohol Testing
- ☐ No company policy in place

Return completed Service Agreement:

Fax: 937-592-0207 (or)
Email: kristen.yoder@maryrutan.org and katie.borges@maryrutan.org

For any questions, we can be reached at (937) 592-5015 7am-5pm. Thank you!

Revised 10/22

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Appendix 1 to Service Agreement

Current 2023 Pricing

Department of Transportation Drug Testing	**$65.00 per collection**
10+2, 5+2, 9 Panel	**$55.00 per collection**
Rapid 10 Panel Drug Testing	**$55.00 per collection** **+ $20.00 for *reactive* rapid test confirmation**
Rapid 9 Panel Drug Testing	**$65.00 per collection** **+ $20.00 for *reactive* rapid test confirmation**
Collection Only Urine Drug Testing Client provides Chain of Custody	**$30.00 per collection**
On-Site Testing Fee	**$85.00 per hour**

Breath Alcohol Testing	**$30.00**

Basic Physical Examination	**$65.00**
Add On to Physical:	
Audiogram (Hearing)	**$20.00**
Titmus Vision Testing	**$10.00**
Urinalysis	**$8.00**
Physical Agility (Custom Tailored)	**$55.00 per 15 minutes**
DOT Physical: includes: Hearing, Titmus vision, Urine Dip, exam & form completion	**$100.00**
T8 Bus/Van Driver Physical:	**$100.00**
HAZ MAT Physical:	**Quote available upon request**
Ohio Police & Fire Physical:	**Quote available upon request**
Respirator Physical:	**Quote available upon request**
Functional Capacity Examination:	**$70.00 per 15 minutes** **FCE Provider Physical $100**
Immunizations Available: TB skin testing, Tetanus, Hepatitis B, as well as on site Flu Vaccines	**Prices Vary**