

Occupational Health Services

1000 W. South Boulder Rd., Suite 214, Lafayette, CO 80026

Employer Protocols

Company Name:

Date:

Please check all items that are authorized by the Employer and may be provided to employees.

OHS Clinic Services

<input checked="" type="checkbox"/>	Workers Compensation Injury Care & Office Visits	(billed to work comp insurance)	
<input type="checkbox"/>	Workers Compensation Injury Care & Office Visits	(billed to employer with cash pay contract)	
<input type="checkbox"/>	Pre-Placement Physical Basic		\$ 53.00
<input type="checkbox"/>	Pre-Placement Physical Intermediate		\$ 70.00
<input type="checkbox"/>	HAZMAT / Asbestos Physical		\$ 80.00
<input type="checkbox"/>	Hearing Conservation Audiogram		\$ 27.00
<input type="checkbox"/>	Respiratory Physical		\$ 80.00
<input type="checkbox"/>	Pulmonary Function Test		\$ 40.00
<input type="checkbox"/>	Respiratory Questionnaire Screen & Review	(required with PFT)	\$ 25.00
<input type="checkbox"/>	Return to Work Exam Physical		\$ 75.00
<input type="checkbox"/>	Records Review (for Return to Work) 10 min units		\$ 40.00
<input type="checkbox"/>	Hepatitis A Vaccination		\$ 64.00
<input type="checkbox"/>	Hepatitis B Vaccination Series (3 at \$60 each)		\$180.00
<input type="checkbox"/>	Hepatitis B Surface Antibody(recommended after series)		\$ 20.00
<input type="checkbox"/>	Hepatitis C Antibody		\$ 61.00
<input type="checkbox"/>	MMR Vaccine		\$ 70.00
<input type="checkbox"/>	Mumps Virus Antibody		\$ 56.00
<input type="checkbox"/>	Rubella IGG AB/IGM AB		\$ 56.00
<input type="checkbox"/>	Varicella Vaccine (2 at \$95 each)		\$190.00
<input type="checkbox"/>	Varicella Zoster Antibody		\$ 29.00
<input type="checkbox"/>	Tdap Vaccine		\$ 51.00
<input type="checkbox"/>	Td Booster		\$ 25.00
<input type="checkbox"/>	Flu Shot (18 years of age and older)		\$ 27.00
<input type="checkbox"/>	Chem23 Panel included the blood draw		\$ 72.00
<input type="checkbox"/>	TB Skin Test		\$ 15.00
<input type="checkbox"/>	TB Skin Test Two-Step		\$ 25.00
<input type="checkbox"/>	Urine Drug Screening (UDS)		\$ 32.00
<input type="checkbox"/>	UDS MRO Service (required with positive result)		\$ 19.00
<input type="checkbox"/>	UDS Collection Only		\$ 21.00
<input type="checkbox"/>	Pre-Employment UDS (Quick Screen for Non-DOT)		\$ 25.00
<input type="checkbox"/>	UDS Confirmation of Non-Negative		\$ 20.00
<input type="checkbox"/>	Breath Alcohol Test (BAT) Lab Fee		\$ 25.00
<input type="checkbox"/>	BAT Confirmation of Non-Negative		\$ 25.00

Prices are subject to change annually according to hospital fee schedules. Some prices are based on number of units or visits. Please call if you have questions, (303) 604-4660, or e-mail ohscustomerservice@bch.org. You may fax this document to (303) 604-4662.

Special Requests:

Company Contact Signature:

(typed name considered electronic signature)

Date: