



Occupational Health Services Request

Employer Name: _____ Date: _____

We have instructed an employee to report to CostCare. I understand a contract must be in place prior to scheduling my employee. Please perform the following:

Pre Employment Medical Exam/Fit for Duty	\$15	99214
D □ T/CDL Card	\$1	99214-D □ T
D □ T + CRANE	\$15	99214
Blood Draw	\$ 1	36415
Urine Collection (if sent out)	\$15	99
Urinalysis (analyzed in house)	\$ 1	81
EKG	\$ 3	93
CBC	\$2	85
CMP	\$ 3	8
Heavy Metals	\$25	83
Lead Profile	\$7	842
Spirometry	\$ 65	94
Audiogram	\$ 55	92557
Chest X-Ray	\$1	71
□SHA Respirator Questionnaire	\$ 35	88325
Pre Employment Medical Questionnaire	\$35	88325
Non-D □ T Drug Screen (labcorp 726778)	\$4	8

- Audiogram
- Pulmonary Function Test
- Respiratory Fit Test

Employee Name: _____

Date of Birth: _____

Social Security Number: _____

Employer Address : _____

Contact Name: _____

Phone Number: _____ Email: _____

Bill charges to: _____

To establish contract, contact us at: Phone 406.541.6900, ext 503 Fax 406.541.6900
 To schedule Missoula appointment, call 406.541.3046; Fax 406.543.0740
 To schedule Helena appointment, call 406.324.7003; Fax 406.442.6322