



Name: _____

Date of Birth: _____

Account: _____

CostCare Occupational Health Price List

Prices Effective April 1, 2016

| | | |
|--|-------|-----------|
| Pre Employment Medical Exam/Fit for Duty | \$150 | 99214 |
| DOT/CDL Card | \$100 | 99204-DOT |
| DOT + CRANE | \$150 | 99214 |
| Blood Draw | \$10 | 36415 |
| Urine Collection (if sent out) | \$15 | 99000 |
| Urinalysis (analyzed in house) | \$10 | 81005 |
| EKG | \$30 | 93000 |
| CBC | \$20 | 85025 |
| CMP | \$30 | 80053 |
| Heavy Metals | \$250 | 83018 |
| Lead Profile | \$70 | 84202 |
| Spirometry | \$65 | 94010 |
| Audiogram | \$55 | 92557 |
| Chest X-Ray | \$105 | 71020 |
| OSHA Respirator Questionnaire | \$35 | 88325 |
| Pre Employment Medical Questionnaire | \$35 | 88325 |
| Non-DOT Drug Screen (labcorp 726778) | \$40 | 80101 |

Additional Tests Requested:

Bill To:

Primary Contact:

Send Results To:

Email: _____

Email: _____

Phone: _____

Phone: _____

FAX: _____

FAX: _____

****Any abnormal findings that require additional followup will be paid for by _____ company _____ employee.**