

PRE-EMPLOYMENT/ EMPLOYER SERVICES



DATE _____

EMPLOYEE NAME _____

COMPANY NAME _____

CONTACT _____ PHONE _____ FAX _____

BILLING ADDRESS _____ CITY/ST _____ ZIP _____

EMAIL _____

Cardinal Healthcare provides the following Pre-Employment/Employer Services.

Employer may utilize these available services and send employees with authorization to complete.

- ☐ • **EMPLOYMENT PHYSICALS \$50.00**
- ☐ • **DOT PHYSICALS with UA \$100.00**
- ☐ • **DOT DRUG SCREENS w/ MRO \$30.00- (Client provided CCF)**
- ☐ • **DOT DRUG SCREENS w/o MRO \$75.00- (Send out to our lab Quest)**
- ☐ • **NON-CDL DOT PHYSICALS with UA \$100.00**
- ☐ • **URINE DRUG SCREENS (RAPID 10 Panel) \$30.00**
- ☐ • **Breath Alcohol Test (BAT) \$30.00**

Employer Responsibilities:

- Employer must send employees with a written authorization including services required.
- Employer will be invoiced monthly.
- Payment is due within 30 days of receipt.
- Employer should send all payments to:
 - **CARDINAL HEALTHCARE 524 SPARTA ROAD SANDERSVILLE GA 31082**

Staff Signature _____ Title _____

Employer Signature _____ Title _____