

# 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 \_\_\_\_\_