

# 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.

<input type="checkbox"/> EMPLOYMENT PHYSICALS	\$50.00
<input type="checkbox"/> DOT PHYSICALS with UA	\$75.00
<input type="checkbox"/> DOT DRUG SCREENS w/ MRO	\$30.00
<input type="checkbox"/> DOT DRUG SCREENS w/o MRO	\$75.00
<input type="checkbox"/> NON-CDL DOT PHYSICALS with UA	\$75.00
<input type="checkbox"/> URINE DRUG SCREENS (COC/RAPID)	\$30.00
<input type="checkbox"/> ALCOHOL BREATHALYZER TEST	\$30.00
<input type="checkbox"/> INFLUENZA VACCINE	\$20.00
<input type="checkbox"/> SPIROMETRY TEST (PFT)	\$60.00

## 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 601 FERNCREST DRIVE SUITE 2 SANDERSVILLE, GA 31082**

Staff Signature \_\_\_\_\_

Title \_\_\_\_\_

Employer Signature \_\_\_\_\_

Title \_\_\_\_\_