Atlantic Health

Atlantic Health Urgent Care

OCCUPATIONAL HEALTH PRICING AGREEMENT – GREEN TOWNSHIP SCHOOL DISTRICT

CPT CODE	PHYSICAL EXAMS	FEE
PREEM	**Physical Exam, Pre-employment** *Height/Weight, Vitals, Review Medical History, Micro Urinalysis (Dipstick), Vision Screen (Acuity)*	$85.00
DOTPH	**Physical Exam, DOT/CDL** *Standard Physical, FMCSA Form Review and Database Entry, Vision Screen (Acuity), includes Whisper Test*	$125.00
FDUTY	**Physical Exam, Fit for Duty/Return to Work – requires Job Description** *Standard Physical, Review Job Description*	$125.00
	DRUG & ALCOHOL TESTING	
82075	Breath Alcohol Test	$35.00
BATCO	Breath Alcohol Test Confirmation	$20.00
UDS10	Urine Drug Screen, Instacup	$40.00
UDSCO	Urine Drug Screen, Collection Only - Requires Employer-Provided CoC Form	$30.00
UDSSO	Urine Drug Screen, SAP 5/10 w/ Lab Confirmation/MRO (DOT & NON-DOT)	$75.00
STUDR	Urine Drug Screen, Student w/ Medical Clearance Exam	$150.00
	RADIOLOGY SERVICES	
71045	Radiology: X-Ray, Chest (Single View/PA)	$70.00
71046	Radiology: X-Ray, Chest (2 view/PA & LAT)	$85.00
72100	Radiology: X-Ray, Lumbosacral Spine	$110.00
	TB (TUBERCULOSIS) TESTING	
86480	Quantiferon (TB Gold) Blood Test	$150.00
86580	TB Skin Test, PPD/Mantoux (Requires Return Visit within 48-72 hrs)	$40.00
CPT CODE	**HEARING TESTS**	**FEE**
92550	Hearing Test, Audiogram (Sound Booth)	$75.00
92551	Hearing Test, Audio Tone Hearing Test (Open Air Audiometer)	$40.00
	VISION SCREENS	
99173	Vision Screen, Snellen (Acuity)	$15.00
99172	Vision Screen, Ishihara (Color Deficiency)	$15.00
99283	Vision Screen, Titmus/Stereopsis (Depth)	$15.00

OCCUPATIONAL HEALTH PRICING AGREEMENT – GREEN TOWNSHIP SCHOOL DISTRICT

	ANCILLARY OCCHEALTH SERVICES	
93015	Cardiac Stress Test	$350.00
87811	COVID-19, Rapid Antigen Nasal Swab	$50.00
93000	EKG/Electrocardiogram	$75.00
99080	Form Review (OSHA, TB, DOT or Company/Municipality Specific)	$25.00
94010	Pulmonary Function Test, Spirometry	$65.00
QLFIT	Respiratory Fit Test, Qualitative w/ Employer Provided Mask	$40.00
36415	Venipuncture/Blood Collection Only	$30.00
	OTHER LAB TESTING - MISCELLANEOUS	
84460	ALT/SGPT	$25.00
82150	Amylase	$30.00
84702	HCG (Human Chorionic Gonadotropin)	$50.00
96900	Blood Typing ABO RH	$50.00
86140	C Reactive Protein	$25.00
85025	CBC (Complete Blood Count w/ Differential & Platelet)	$30.00
80053	CMP (Comprehensive Metabolic Panel)	$30.00
82270	Hemoccult Slide Test	$30.00
80076	Hepatic Function Panel	$40.00
86317	Hep B Surface Antigen	$45.00
86703	HIV 1 & 2	$70.00
80061	Lipid Profile	$50.00
87177	Ova & Parasites, Stool	$40.00
84100	Phosphorus	$30.00
84153	PSA (Prostate-Specific Antigen)	$70.00
99000	COVID-19 PCR/Swab Specimen	$125.00
87637	COVID-19 PCR/Swab Specimen includes Flu A/B, RSV	$175.00
84480	T3, Total	$30.00
84436	T4, Total	$30.00
84443	Thyroid Stimulating Hormone (TSH)	$30.00
84550	Uric Acid	$30.00
CPT CODE	**OTHER LAB TESTING - ENVIRONMENTAL/EXPOSURE**	**FEE**
82175	Arsenic, 24hr Urine (Mayo ASU24)	$80.00
82300	Cadmium, 24hr Urine (Mayo CDU)	$80.00
83655	Heavy Metal Lead Profile Occupational Exposure (Mayo Lead & ZPP), Blood	$110.00
82175	Heavy Metal Panel, 24hr Urine (Mayo HMU24)	$70.00
83825	Mercury, 24hr Urine (Mayo HGU)	$80.00
84202	ZPP (Zinc Protoporphyrin), Blood (Mayo NEZPP)	$80.00
	OTHER LAB TESTING - URINE	
81003	Urinalysis w/Microscopy	$25.00
84703	Urine Pregnancy Test	$35.00

OCCUPATIONAL HEALTH PRICING AGREEMENT – GREEN TOWNSHIP SCHOOL DISTRICT

	IMMUNIZATIONS (*REQUIRES ADVANCE NOTICE)	
90632	Immunization: Hep A, Series of 2 Injections*	$175.00 EA
90746	Immunization: Hep B, Series of 3 Injections*	$135.00 EA
90658	Immunization: Influenza (Flu)	$50.00
90707	Immunization: MMR*	$160.00
90714	Immunization: Tetanus/diphtheria Toxoids	$95.00
90715	Immunization: Tetanus/diphtheria/Pertussis (Tdap)	$115.00
90396	Immunization: Varicella*	$250.00
90675	Immunization: Rabies, Series of 3 Injections*	$450.00 EA
90636	Immunization: Twinrix, Hep A & Hep B Immunization, Series of 3 Injections*	$200.00 EA
90691	Immunization: Typhoid*	$225.00
	BLOOD TESTING - TITER/ANTIBODIES	
86708	Titer Blood Test, Hep A	$85.00
86706	Titer Blood Test, Hep B	$85.00
86618	Titer Blood Test, Lyme	$80.00
MMRTL	Titer Blood Test, MMR (Total)	$135.00
86765	Titer Blood Test, Measles (Rubeola)	$50.00
86735	Titer Blood Test, Mumps	$50.00
86762	Titer Blood Test, Rubella	$50.00
86787	Titer Blood Test, Varicella	$60.00

OCCUPATIONAL HEALTH PRICING AGREEMENT – GREEN TOWNSHIP SCHOOL DISTRICT

The Occupational Health Enrollment Form (if applicable), Work Injury Enrollment Form (if applicable) along with this Occupational Health Pricing Agreement are required to be submitted prior to services being rendered and also to complete enrollment process.

Please contact WILLIAM SCHULER at 908-216-0784 or e-mail at william.schuler@atlantichealth.org for questions or concerns.

AUTHORIZATION

Atlantic Corporate Health (ACH) hereby grants Company the right to use ACH's name, logos, and trademarks solely for internal publicity and communications regarding ACH's services. All other uses of ACH's name, logos, or trademarks shall require ACH's prior written consent. Each party shall comply with all applicable laws, regulations, permits and consent orders and act in a proper and ethical manner. Neither party will ensure, nor will it pursue compliance with any local, state or federal laws or licensing agencies applicable to the other party. All non-public information, including this list of ACH's services and pricing, disclosed by a party hereto to the other party shall be deemed confidential information of the disclosing party and will be held in strict confidence by the receiving party.

Acknowledged, Accepted, and Agreed by Company:

Signature:

Company Name: _____

Company Address: _____

_____

Print Name: _____

Title: _____

Date: _____

Billing Contact Name: _____

Billing Contact Phone: _____

Billing Contact E-Mail: _____

Billing Address: _____

_____

_____

Please return to **william.schuler@atlantichealth.org**. Thank you.