



# CostCare Occupational Health Services Request

Prices Effective April 1, 2017

EMPLOYER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

We have instructed an employee to report to CostCare for the following occupational health services.

Pre Employment Medical Exam/Fit for Duty	\$150	OCCEALTH
DOT/CDL Card	\$125	DOT
CRANE	\$125	CRANE
DOT + CRANE	\$150	DOT+CRANE
Blood Draw	\$ 5	36415
Urine Collection (if sent out)	\$15	99000
Urinalysis (analyzed in house)	\$ 12	81005
EKG	\$ 30	93000
CBC	\$18	85025
CMP	\$ 24	80053
Heavy Metals	\$250	83018
Lead Profile	\$70	84202
Spirometry	\$ 61	94010
Audiogram	\$ 64	92557
Chest X-Ray	\$105	71020 – Helena Only
OSHA Respirator Questionnaire	\$ 35	88325
Asbestos Questionnaire	\$35	88325
Pre Employment Medical Questionnaire	\$35	88325
Non-DOT Drug Screen – We don't do these at this point. Refer out.		

**Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Additional Tests Requested:**

**Bill To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Contact:**

**Send Results To:**

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

**To contact us:**

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