

# GUNDERSEN HEALTH SYSTEM®

## Business Health Department Occupational Health Service Agreement

RECEIVED BY

JAN 21 2015

HUMAN RESOURCES

LA CROSSE CITY OF  
400 LA CROSSE STREET  
LA CROSSE, WI 54601  
Phone: (608) 789-7595  
Fax: (608) 789-7598

Effective Date: 01/01/2015  
End Date: 12/31/2015  
Contact: WENDY OESTREICH  
DER: WENDY OESTREICH

Comments: SEND SECURE E-MAIL OF ANY EMPLOYER PAPERWORK. \*\*SPLIT SPECIMEN TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. \*\*\*ALL PRE-WORK SCREENS THROUGH IRC AND LUTH HOSP SERVICE AGREEMENT.

This Agreement is entered into effective the **1st day of January, 2015**, ("Effective Date") by and between Gundersen Lutheran Administrative Services, Inc., individually and as agent for Gundersen Clinic, Ltd. ("Clinic") and LA CROSSE CITY OF ("Employer").

### RECITALS

**WHEREAS**, the Clinic is a Wisconsin nonprofit service corporation with its principal offices at 1900 South Avenue, La Crosse, WI 54601; and  
**WHEREAS**, the Clinic is a multi-specialty physician group practice that provides occupational health and other medical services in a 19-county region in western Wisconsin, southeast Minnesota, and northeast Iowa; and  
**WHEREAS**, the Clinic desires to provide occupational health services to the Employer and its employees at a reasonable cost, consistent with high standards of medical care; and  
**WHEREAS**, the Employer desires to obtain occupational health services for its employees from the Clinic pursuant to the terms hereinafter set forth;  
**NOW, THEREFORE, FOR VALID CONSIDERATION**, the receipt and sufficiency of which are hereby acknowledged, and in consideration for the terms hereinafter set forth, the Clinic and the Employer agree as follows:

1. **DEFINITIONS.** For purposes of this Agreement:
  - (a) "Agreement" means this Occupational Health Services Agreement, together with the attached exhibit.
  - (b) "Clinic" means Gundersen Lutheran Administrative Services, Inc., individually and as agent for Gundersen Clinic, Ltd.
  - (c) "Covered Services" means medically necessary and appropriate occupational health and preventive medicine services provided by the Clinic to the Employer and Eligible Employees, as further described in Exhibit A.
  - (d) "Eligible Employees" means employees of the Employer who are designated as eligible for Covered Services from the Clinic.
  - (e) "Employer" means **LA CROSSE CITY OF**
  - (f) "Party" means either the Clinic or the Employer, depending upon the context in which such term is used. "Parties" means both the Clinic and the Employer.
  - (g) "Reimbursement Rates" means the reimbursement rates described in Exhibit A.
2. **TERM.** The term of this Agreement shall be **12 months**, commencing on **January 1, 2015** and expiring at midnight, **December 31, 2015**, unless sooner terminated by one of the Parties in accordance with paragraph 8.
3. **CLINIC'S OBLIGATIONS.** During the term of this Agreement, the Clinic shall:
  - (a) Provide Covered Services to the Employer and Eligible Employees at the Reimbursement Rates.
  - (b) Ensure that the Covered Services provided to Eligible Employees are consistent with the standards of practice for quality care generally recognized within the medical community.
  - (c) Prepare, keep and maintain complete medical records relating to the Covered Services provided to each Eligible Employee, retaining such records in such form and for such period as may be required by applicable federal or state law.
  - (d) Communicate information and documents concerning Covered Services provided to an Eligible Employee upon the Employer's request which shall be accompanied by a signed written authorization from the Eligible Employee, where necessary, authorizing the clinic to disclose such information and documents to the Employer.
  - (e) Send the Employer periodic invoices specifying by name of Eligible Employee, the Covered Services provided, the date the Covered Services provided, and the total amount owed by the Employer for such services.

In order to allow Clinic to serve Employer and its employees more efficiently, the Parties hereby agree that Clinic may provide the Covered Services contemplated by the Agreement through one or more of its Affiliates. For purposes of this Agreement, "Affiliate" shall mean an entity that controls, is controlled by, or is under common control with Clinic, including, without limitation Gundersen Tri-County Hospital & Clinics, Gundersen St. Joseph's Hospital and Clinics, & Gundersen Boscobel Area Hospital & Clinics.

4. **EMPLOYER'S OBLIGATIONS.** During the term of this Agreement, the Employer shall:
  - (a) Pay the Clinic or Clinic Affiliate's periodic invoices for Covered Services within ~~thirty (30)~~ **Forty-five (45)** calendar days of receipt by the Employer. When Covered Services are provided by a Clinic Affiliate, that Clinic Affiliate shall bill Company directly for the Covered Services. Company shall pay the Clinic Affiliate directly and otherwise in accordance with the payment terms set forth in this Agreement.
  - (b) Ensure that the Employer's written requests for information and documents concerning Covered Services provided to Eligible Employees are accompanied by a signed written authorization from the Eligible Employee, authorizing the Clinic or its Affiliate to disclose such information and documents to the Employer, if necessary.



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5. **ASSIGNMENT.** This Agreement may not be assigned by the Employer to any other person or entity (whether in connection with a merger, consolidation, sale or otherwise) without the prior written consent of the Clinic. This Agreement may not be assigned by the Clinic to any person or entity other than Affiliates within the Gundersen Health System without the prior written consent of the Employer.
6. **AUDITS; ACCESS TO BOOKS AND RECORDS.** To the extent that section 952 of the Omnibus Budget Reconciliation Act of 1980 and the regulations promulgated thereunder are applicable to this Agreement, the Employer shall, until four years after the expiration of this Agreement, comply with all requests by the Comptroller General of the United States, the Secretary of the Department of Health and Human Services, and their duly authorized representatives for access to this Agreement and to the Employer's books, documents and records necessary to verify the nature and extent of the Covered Services provided by the Clinic and the amounts paid for such services. Such access shall be requested by such government entities in accordance with section 952.
7. **INDEMNIFICATION.**
- (a) The Clinic agrees to defend, indemnify and hold harmless the Employer from and against any and all claims, demands, causes of action, losses, liabilities and costs, including reasonable attorney's fees, arising from or relating to the negligent and wilful acts or omissions by the Clinic and its physicians, employees, and agents pursuant to this Agreement.
  - (b) ~~The Employer agrees to defend, indemnify and hold harmless the Clinic from and against any and all claims, demands, causes of action, losses, liabilities and costs, including reasonable attorney's fees, arising from or relating to the negligent and wilful acts or omissions by the Employer and its employees and agents pursuant to this Agreement.~~ *wkd*
8. **TERMINATION.**
- (a) This Agreement may be terminated by either Party at any time without cause upon sixty (60) days' prior written notice to the other Party.
  - (b) In the event of default, the nonbreaching Party shall send a written notice to the breaching Party, setting forth with reasonable specificity the nature of the default. If the breaching Party fails to cure the default to the reasonable satisfaction of the nonbreaching Party within ten (10) calendar days of the date of such written notice, then, without further notice, the nonbreaching Party may terminate this Agreement for cause effective immediately.
  - (c) Upon termination of this Agreement under subparagraph (a) or (b) above:
    - (1) The Clinic shall not be required to provide the Employer or Eligible Employees with any further Covered Services;
    - (2) The Employer shall pay the Clinic any and all amounts still owed for Covered Services within ~~thirty (30)~~ *Forty-five (45)* calendar days of receipt of the Clinic's final invoice; and *wkd*
    - (3) The Clinic's record retention obligations under paragraph 3(c), the Employer's obligations under paragraphs 4 and 6, and the Parties' indemnification obligations under paragraph 7 shall continue after and survive the termination of this Agreement.
9. **GOVERNING LAW; SEVERABILITY.** The validity, construction and interpretation of this Agreement, and the rights and obligations of the Parties hereunder shall be governed by and construed in accordance with the laws of the State of Wisconsin. If any provision of this Agreement is declared void and unenforceable by a court of law, the remaining provisions shall remain in full force and effect to govern the Parties' conduct and relationship.
10. **VENUE.** Any judicial action or proceeding arising from or relating to this Agreement shall be brought and venued in La Crosse County Circuit Court in La Crosse, Wisconsin.
11. **ENTIRE AGREEMENT.** This Agreement constitutes the entire understanding and agreement between the Parties relating to their contractual relationship, and supersedes all prior understandings, representations and agreements relating thereto.
12. **AMENDMENTS.** This Agreement may not be amended except pursuant to a written agreement signed by both Parties.
13. **NOTICES.** Notice hereunder shall be effective upon mailing by first class mail, postage prepaid, and addressed to the other Party at the following address or such other address as may be specified pursuant to a notice properly given:
- |  |                                 |
|--|---------------------------------|
| <b>Notices to the Clinic:</b>                            | <b>Notices to the Employer:</b> |
| Gundersen Clinic, Ltd.                                   | LA CROSSE CITY OF               |
| ATTN: Bruce Friell, Director, Business Health Department | WENDY OESTREICH                 |
| 1900 South Avenue  | 400 LA CROSSE STREET            |
| La Crosse, WI 54601                                      | LA CROSSE, WI 54601             |
14. **CAPTIONS.** The captions in this Agreement are for reference purposes only, and shall not be used or relied upon to vary the specific terms and conditions of this Agreement.
15. **COUNTERPARTS.** This Agreement may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.
16. **CONFIDENTIALITY.** The parties acknowledge and agree that during the term of this Agreement, each party may become aware of proprietary or confidential information of the other party. The parties will maintain such information in strict confidence, will not use such information for

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any purpose other than those relating to this Agreement, and will not disclose such information to third parties, except with the other party's prior written consent or to the extent required by law.

17. **INSURANCE.** Clinic shall procure and maintain professional liability coverage insuring against such claims in an amount of not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars, (\$3,000,000) aggregate per policy year. The Parties agree that Clinic may self-insure for all or part of the insurance coverage set forth herein.
18. **NON-EXCLUSION.** Both parties represent and warrant that, to the best of each party's knowledge, both parties and their owners and employees are not excluded from participating in any federal health care programs, as defined under 42 U.S.C. 1320a-7b (f), and to each party's knowledge, there are no pending or threatening governmental investigations that may lead to such exclusion. Each party agrees to notify the other party of the commencement of any such exclusion or investigation within seven (7) business days of first learning of it. All parties shall have the right to immediately terminate this Agreement upon learning of any such exclusion and shall be kept apprised by the other party or parties of the status of any such investigation.
19. **DISPUTE RESOLUTION.** For all controversies, claims and matters of difference ("Dispute(s)") arising out of this Agreement, the Parties agree to promptly address the issue internally through management level personnel. If the management level designees for both Parties cannot resolve the Dispute within thirty (30) days, then the Dispute shall be elevated to the CEO (or the CEO's designee) of both Parties. If the Parties' CEO cannot resolve the issue within an additional forty-five (45) days, the Parties shall be free to pursue any remedies available at law or equity.
20. **NO WAIVER.** The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as or be construed as a waiver of any subsequent breach or violation of the same or any other provision herein. All of the rights and remedies provided herein are cumulative and additional to any rights or remedies the parties may have at law.
21. **FORCE MAJEURE.** No party to this Agreement shall be responsible for any failure to perform any obligation under this Agreement due to acts of God, strikes, disasters, acts of government or other similar significant disturbances beyond the control of such party. A party subject to such an act of force majeure shall use its best efforts to carry out its obligations under this Agreement and to mitigate any resulting damages.

IN WITNESS WHEREOF, the Clinic and the Employer have entered into this Agreement as of the first date set forth above.

GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC., LA CROSSE CITY OF  
independently and as agent for Gundersen Clinic, Ltd.

By:



Bruce Friell, Director  
Business Health Department

JAN 01 2015

Date:

By:



Print:

Wendy K. Oestreich

Title:

Director of Human Resources

Date:

3-16-15

# GUNDERSEN HEALTH SYSTEM®

## Business Health Department Occupational Health Service Agreement

### APPENDIX "A"

| EMPLOYER GROUP / SERVICE GROUP / SERVICE  | PRICE     |
|---|-----------|
| <b>AIRPORT/POLICE/CIVILIAN/PROPERTY CLERK (NON-DOT)</b>   |           |
| <u>GENERAL SERVICES</u>   |           |
| <u>ALCOHOL TESTING</u>  |           |
| BREATH ALCOHOL  | \$ 25.00  |
| Category: Non-DOT   |           |
| Reason: As Requested, Random  |           |
| Billing: Employer   |           |
| <u>DRUG TESTING</u>   |           |
| RAPID DRUG SCREEN (NON-NEGATIVE TO MEDTOX) W/MRO  | \$ 73.00  |
| RAPID DRUG SCREEN (NEGATIVE TEST)   | \$ 37.00  |
| Comment: FAX ALL DRUG SCREEN REPORTS TO WENDY OESTREICH OR AUDRA BLOOM AT (608) 789-7598.<br>(CONFIDENTIAL FAX). FAX & MAIL EMPLOYER COPY TO WENDY OESTREICH OR AUDRA BLOOM. SPLIT SPECIMEN<br>TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. |           |
| Category: Non-DOT   |           |
| Panel: 89700 (5 panel)  |           |
| Reason: As Requested, Random  |           |
| Billing: Employer   |           |
| <b>CIVILIAN SERVICE (NON-DOT)</b>   |           |
| <u>GENERAL SERVICES</u>   |           |
| RESPIRATOR PHYSICAL   | \$ 76.80  |
| RESPIRATOR-QUALITATIVE FIT TEST   | \$ 45.30  |
| PRE-PLACEMENT PHYSICAL-SIMPLE   | \$ 76.80  |
| AUDIOGRAM   | \$ 36.00  |
| SPIROMETRY - OCCUPATIONAL   | \$ 50.00  |
| SPECIAL VISION TEST   | \$ 22.50  |
| QUESTIONNAIRE INTERPRETATION-RESPIRATORY (ANNUAL)   | \$ 13.70  |
| <u>ALCOHOL TESTING</u>  |           |
| BREATH ALCOHOL  | \$ 25.00  |
| Category: Non-DOT   |           |
| Reason: Reasonable Suspicion  |           |
| Billing: Employer   |           |
| <u>DRUG TESTING</u>   |           |
| RAPID DRUG SCREEN (NON-NEGATIVE TO MEDTOX) W/MRO  | \$ 73.00  |
| RAPID DRUG SCREEN (NEGATIVE TEST)   | \$ 37.00  |
| Comment: FAX ALL DRUG SCREEN REPORTS TO WENDY OESTREICH OR AUDRA BLOOM AT (608) 789-7598.<br>(CONFIDENTIAL FAX). FAX & MAIL EMPLOYER COPY TO WENDY OESTREICH OR AUDRA BLOOM. SPLIT SPECIMEN<br>TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. |           |
| Category: Non-DOT   |           |
| Panel: 89700 (5 panel)  |           |
| Reason: Reasonable Suspicion  |           |
| Billing: Employer   |           |
| <b>CROSSING GUARD</b>   |           |
| <u>GENERAL SERVICES</u>   |           |
| PRE-PLACEMENT PHYSICAL-SIMPLE   | \$ 76.80  |
| AUDIOGRAM   | \$ 36.00  |
| SPECIAL VISION TEST   | \$ 22.50  |
| Comment: ANNUAL PHYSICAL  |           |
| <b>FIREFIGHTERS (NON-DOT)</b>   |           |
| <u>GENERAL SERVICES</u>   |           |
| HEPATITIS B SURFACE ANTIBODY/TITER  | \$ 52.70  |
| Comment: IMMUNE STATUS TO DETERMINE IMMUNITY AFTER INJECTION SERIES   |           |
| <u>ALCOHOL TESTING</u>  |           |
| BREATH ALCOHOL  | \$ 25.00  |
| Category: Non-DOT   |           |
| Reason: Reasonable Suspicion  |           |
| Billing: Employer   |           |
| <u>DRUG TESTING</u>   |           |
| RAPID DRUG SCREEN (NON-NEGATIVE TO MEDTOX) W/MRO  | \$ 73.00  |
| RAPID DRUG SCREEN (NEGATIVE TEST)   | \$ 37.00  |
| Comment: FAX ALL DRUG SCREEN REPORTS TO WENDY OESTREICH OR AUDRA BLOOM AT (608) 789-7598.<br>(CONFIDENTIAL FAX). FAX & MAIL EMPLOYER COPY TO WENDY OESTREICH OR AUDRA BLOOM. SPLIT SPECIMEN<br>TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. |           |
| Category: Non-DOT   |           |
| Panel: 89700 (5 panel)  |           |
| Reason: Pre-Placement, Reasonable Suspicion, Return To Duty   |           |
| Billing: Employer   |           |
| <u>INITIAL EXAMINATION</u>  |           |
| LIPID PROFILE (LPA) - CORONARY RISK PROFILE   | \$ 65.80  |
| URINALYSIS  | \$ 48.75  |
| GXT - CARDIOVASCULAR STRESS TEST - OCCUPATIONAL   | \$ 968.75 |



# GUNDERSEN HEALTH SYSTEM.

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### APPENDIX "A"

| <b>EMPLOYER GROUP / SERVICE GROUP / SERVICE</b>   | <b>PRICE</b> |
|---|--------------|
| HEPATITIS B VACCINE-OCCUPATIONAL (EACH/SERIES OF)   | \$ 108.50    |
| TB SKIN TEST - OCCUPATIONAL   | \$ 28.50     |
| RESPIRATOR-QUALITATIVE FIT TEST   | \$ 45.30     |
| PRE-PLACEMENT PHYSICAL-COMPLEX  | \$ 203.70    |
| TETANUS/DIPHTHERIA- PLUS ADMIN FEE  | \$ 43.50     |
| AUDIOGRAM   | \$ 36.00     |
| SPIROMETRY - OCCUPATIONAL   | \$ 50.00     |
| QUESTIONNAIRE INTERPRETATION-RESPIRATORY (ANNUAL)   | \$ 13.70     |
| Comment: SPIROMETRY - BASELINE, FOLLOW-UP MAY BE NECESSARY BASED ON INTERPRETATION. TB SKIN TEST - ONE-STEP UNLESS TWO-STEP IS REQUESTED. IF EMPLOYEE HAS HISTORY OF POSITIVES, A CHEST X-RAY MAY BE REQUIRED.                          |              |
| <b>MTU DRIVERS (DOT)</b>  |              |
| <b>GENERAL SERVICES</b>   |              |
| UA DIP - OCCUPATIONAL   | \$ 17.00     |
| PRE-PLACEMENT PHYSICAL-SIMPLE   | \$ 76.80     |
| AUDIOGRAM   | \$ 36.00     |
| RANDOM SELECTION OF EMPLOYEES (ANNUAL FEE)  | \$ 80.00     |
| Comment: THIS IS NOT A DOT PHYSICAL   |              |
| <b>ALCOHOL TESTING</b>  |              |
| BREATH ALCOHOL  | \$ 25.00     |
| Category: DOT   |              |
| Agencies: FTA (Mass Transit)  |              |
| Reason: Post Accident, Random, Reasonable Suspicion   |              |
| Billing: Employer   |              |
| <b>DRUG TESTING</b>   |              |
| LAB ANALYSIS  | \$ 21.00     |
| URINE COLLECTION  | \$ 22.00     |
| MEDICAL REVIEW OFFICER (MRO)  | \$ 12.00     |
| Category: DOT   |              |
| Agencies: FTA (Mass Transit)  |              |
| Compliance: DOT Complete  |              |
| Panel: NIDA5  |              |
| Reason: Post Accident, Pre-Placement, Random, Reasonable Suspicion, Return To Duty  |              |
| Billing: Employer   |              |
| <b>HEARING CONSERVATION PROGRAM</b>   |              |
| <b>GENERAL SERVICES</b>   |              |
| AUDIOGRAM   | \$ 36.00     |
| HEARING BOOTH TRANSPORTATION - FEES TBD   |              |
| UPDATING AUDIOGRAM RECORDS (NO CHARGE)  |              |
| AUDIOGRAM (ON-SITE)   | \$ 17.00     |
| EMPLOYERS WILL BE EXPECTED TO SCHEDULE 12 TESTS PER HOUR OR AN HOURLY STAFF RATE OF \$35 WILL BE ADDED TO THE CHARGES.  |              |
| <b>POLICE (NON-DOT)</b>   |              |
| <b>GENERAL SERVICES</b>   |              |
| BLOOD LEAD  | \$ 59.50     |
| HEPATITIS B SURFACE ANTIBODY/TITER  | \$ 52.70     |
| HEPATITIS B VACCINE-OCCUPATIONAL (EACH/SERIES OF)   | \$ 108.50    |
| TB SKIN TEST - OCCUPATIONAL   | \$ 28.50     |
| PRE-PLACEMENT PHYSICAL-SIMPLE   | \$ 76.80     |
| TETANUS/DIPHTHERIA- PLUS ADMIN FEE  | \$ 43.50     |
| AUDIOGRAM   | \$ 36.00     |
| Comment: HEP B SURFACE ANTIBODY TO DETERMINE IMMUNITY FOLLOWING INJECTION SERIES. TB SKIN TEST - ONE-STEP UNLESS TWO-STEP IS REQUESTED. IF EMPLOYEE HAS HISTORY OF POSITIVES, A CHEST X-RAY MAY BE REQUIRED.                            |              |
| <b>ALCOHOL TESTING</b>  |              |
| BREATH ALCOHOL  | \$ 25.00     |
| Comment: ZERO TOLERANCE POLICY FOR POLICE OFFICERS. CONFIRMATION TEST REQUIRED FOR ALL POSITIVE BREATH ALCOHOL TESTS. FAX RESULTS ASAP TO 608-789-7598.   |              |
| Category: Non-DOT   |              |
| Reason: Reasonable Suspicion  |              |
| Billing: Employer   |              |
| <b>DRUG TESTING</b>   |              |
| RAPID DRUG SCREEN (NON-NEGATIVE TO MEDTOX) W/MRO  | \$ 73.00     |
| RAPID DRUG SCREEN (NEGATIVE TEST)   | \$ 37.00     |
| Comment: FAX ALL DRUG SCREEN REPORTS TO WENDY OESTREICH OR AUDRA BLOOM AT (608) 789-7598. (CONFIDENTIAL FAX). SPLIT SPECIMEN TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. MAY PRESENT FOR PROBATIONARY FOR REASON OF TESTING. |              |
| Category: Non-DOT   |              |
| Panel: 89700 (5 panel)  |              |
| Reason: Pre-Placement, Reasonable Suspicion, Return To Duty   |              |

# GUNDERSEN HEALTH SYSTEM®

## Business Health Department Occupational Health Service Agreement

### APPENDIX "A"

| <b>EMPLOYER GROUP / SERVICE GROUP / SERVICE</b>  | <b>PRICE</b> |
|--|--------------|
| <b>Billing: Employer</b>   |              |
| <b>WASTE WATER DEPARTMENT (DOT)</b>  |              |
| <b>GENERAL SERVICES</b>  |              |
| RESPIRATOR PHYSICAL  | \$ 76.80     |
| RESPIRATOR-QUALITATIVE FIT TEST  | \$ 45.30     |
| PRE-PLACEMENT PHYSICAL-SIMPLE  | \$ 76.80     |
| AUDIOGRAM  | \$ 36.00     |
| SPIROMETRY - OCCUPATIONAL  | \$ 50.00     |
| RANDOM SELECTION OF EMPLOYEES (ANNUAL FEE)   | \$ 80.00     |
| QUESTIONNAIRE INTERPRETATION-RESPIRATORY (ANNUAL)  | \$ 13.70     |
| Comment: SPIROMETRY - BASELINE, FOLLOW-UP MAY BE NECESSARY BASED ON INTERPRETATION. RESPIRATOR PHYSICAL MAY BE NECESSARY BASED ON QUESTIONNAIRE/EXAM RESULTS   |              |
| <b>DRUG TESTING</b>  |              |
| LAB ANALYSIS   | \$ 21.00     |
| URINE COLLECTION   | \$ 22.00     |
| MEDICAL REVIEW OFFICER (MRO)   | \$ 12.00     |
| Comment: NOT A DOT PHYSICAL.   |              |
| Category: DOT  |              |
| Agencies: FMCSA (Motor Carrier)  |              |
| Panel: NIDA5   |              |
| Reason: As Requested, Pre-Placement, Random  |              |
| Billing: Employer  |              |
| <b>JANITOR</b>   |              |
| <b>GENERAL SERVICES</b>  |              |
| PRE-PLACEMENT PHYSICAL-SIMPLE  | \$ 76.80     |
| AUDIOGRAM  | \$ 36.00     |
| <b>ALCOHOL TESTING</b>   |              |
| BREATH ALCOHOL   | \$ 25.00     |
| Comment: MAY INCLUDE EMPLOYEES FROM SEVERAL DEPARTMENTS - PARKS, STREETS, WATER, ETC.  |              |
| Category: Non-DOT  |              |
| Reason: Reasonable Suspicion   |              |
| Billing: Employer  |              |
| <b>DRUG TESTING</b>  |              |
| RAPID DRUG SCREEN (NON-NEGATIVE TO MEDTOX) W/MRO   | \$ 73.00     |
| RAPID DRUG SCREEN (NEGATIVE TEST)  | \$ 37.00     |
| Comment: FAX ALL DRUG SCREEN REPORTS TO WENDY OESTREICH OR AUDRA BLOOM AT (608) 789-7598. (CONFIDENTIAL FAX). SPLIT SPECIMEN TESTING ONLY IF NON-NEGATIVE RESULT TO BE SENT TO LAB. MAY INCLUDE EMPLOYEES FROM SEVERAL DEPARTMENTS - PARKS, STREETS, WATER, ETC. |              |
| Category: Non-DOT  |              |
| Panel: 89700 (5 panel)   |              |
| Reason: Pre-Placement, Reasonable Suspicion, Return To Duty  |              |
| Billing: Employer  |              |
| <b>LABORER</b>   |              |
| <b>GENERAL SERVICES</b>  |              |
| PRE-PLACEMENT PHYSICAL-SIMPLE  | \$ 76.80     |
| AUDIOGRAM  | \$ 36.00     |
| Comment: NOT A DOT PHYSICAL  |              |
| <b>ALCOHOL TESTING</b>   |              |
| BREATH ALCOHOL   | \$ 25.00     |
| Comment: MAY INCLUDE EMPLOYEES FROM SEVERAL DEPARTMENTS-PARKS, STREETS, WATER, ETC.  |              |
| Category: DOT  |              |
| Agencies: FMCSA (Motor Carrier)  |              |
| Compliance: DOT Drug and Alcohol Testing   |              |
| Reason: Post Accident, Random, Reasonable Suspicion  |              |
| Billing: Employer  |              |
| <b>DRUG TESTING</b>  |              |
| LAB ANALYSIS   | \$ 21.00     |
| URINE COLLECTION   | \$ 22.00     |
| MEDICAL REVIEW OFFICER (MRO)   | \$ 12.00     |
| Category: DOT  |              |
| Agencies: FMCSA (Motor Carrier)  |              |
| Compliance: DOT Drug and Alcohol Testing   |              |
| Panel: NIDA5   |              |
| Reason: Post Accident, Pre-Placement, Random, Reasonable Suspicion, Return To Duty   |              |
| Billing: Employer  |              |

Miscellaneous Fees (may apply based on contracted services, as outlined below)

1 Controlled Substance Testing:

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## **HEALTH SYSTEM®**

### **Business Health Department**

### **Occupational Health Service Agreement**

|   |   |          |
|---|---|----------|
|   | Emergency Drug/Alcohol Test Fee for services in the GL Trauma/Emergency Center-La Crosse, St. Joseph's and Tri-County. Billed by Hospital (TEC) | \$ 60.00 |
|   | Chain of Custody Form Modification Fee  | \$ 30.00 |
| 2 | <b>Vaccinations:</b>  |          |
|   | Vaccination Administration Fee, Initial injection   | \$ 24.00 |
|   | Vaccination Administration Fee, Additional injection  | \$ 12.00 |
| 3 | <b>Laboratory Testing:</b>  |          |
|   | Venipuncture, Collection of venous blood  | \$ 21.00 |