



Chilton  
Medical Center

ATLANTIC HEALTH SYSTEM

Dear Valued Occupational Health Client,

Chilton Medical Center is pleased to be the provider for your occupational health needs. We believe healthy employees are productive employees, and our broad array of services are designed to help employers reap the benefits of a healthy workforce. As a proud member of Atlantic Health System, Chilton is uniquely positioned to serve you as a state-of-the-art community hospital with all the advantages and resources of one of the largest and most respected health-care systems in the state.

As a valued client, we would like to inform you that we now have three (3) nurse practitioners, who are DOT Certified and come to us with years of experience in occupational health. Dr. Calixto Garcia is our physician medical director and is on site one (1) day a week. Due to new OSHA guidelines we are now equipped with a negative pressure room to conduct respiratory testing in a safe environment.

In an effort to stay current on all aspects of our client's needs, we have developed a brief form, (enclosed with this letter) to update company contacts, insurance information, and other services you may be using. We sincerely hope you will take a few moments to complete the form and email or fax it back to us. For faster response we prefer contacting us via e-mail.

Fax: 973-831-5343 Email: [zankhana.patel-panchal@atlantichhealth.org](mailto:zankhana.patel-panchal@atlantichhealth.org) or [Jennie.Mendillo@atlantichhealth.org](mailto:Jennie.Mendillo@atlantichhealth.org)

In addition, we are also enclosing our new pricing agreement for all our services. Please keep in mind that there will be an increase of 3% on our current pricing for all our services effective January 1, 2022. Our goal is to always be competitive in the marketplace, while offering you the quality you expect and deserve. Please review and complete the last page of the pricing agreement and send back to us at your earliest convenience to confirm your receipt of the pricing agreement and acceptance of the 2022 pricing.

Please keep in mind that the Occupational Health Enrollment Form, Work Injury Enrollment Form (if applicable) along with the Occupational Health Pricing Agreement are required to be submitted prior to any services being rendered and to complete the enrollment process. In addition, please review our new Health Service Form which is enclosed in this packet. We will be utilizing this form moving forward as we move onto a new Electronic Medical Record System. Please fill this form out appropriately according to your physical exam requirements.

We are also enclosing a copy of our authorization for treatment form. Please utilize this when sending your employees to us for their physical exams and/ or workers compensation injuries. When sending in Workers Compensation injuries, please provide appropriate Workers Compensation claim number and adjustor information on the authorization for treatment form if available. If you would like a full packet of authorization for treatment forms, please feel free to reach out to us and we will gladly supply the packet for you.


Please know that if you have any questions regarding our services, the enrollment form, or pricing, we are available to answer your questions by calling us at 973-831-5348. We appreciate the opportunity to serve you and look forward to continuing our partnership for many years to come.

Sincerely,

Zankhana Patel-Panchal  
Account Representative  
Chilton Occupational Health Center  
Chilton Occupational Medicine

and


Jennie Mendillo  
Coordinator  
Atlantic Corporate Health  
Chilton Occupational Health Center  
Chilton Occupational Medicine

 **Atlantic Health System**  
Chilton Occupational Health Center

OCCUPATIONAL HEALTH PRICING AGREEMENT


ADDITIONAL SERVICES	Pricing
Agility/workability test (at off-site location)	\$180
Audiogram (booth)	\$67
Audio tone	\$36
B Reader	\$77
Body Mass Index	\$36
Breath Alcohol Test	\$36
Cardiac Stress Test (at off-site location)	\$438
Chest X-Ray: Posterior-anterior (PA) & Lateral (LAT)	\$88
Electrocardiogram - EKG with complete interpretation	\$70
Fit for Duty Exam- case specific	\$129
Form Review - OSHA, DOT or company specific	\$31
Hemocult slide test	\$26
Lumbosacral Spine X-Ray	\$103
Mammography W/CAD	\$335
Mantoux Test	\$36
Office Visit/Consultation Rate	\$129
Quantitative Respiratory Fit Test	\$72
Qualitative Respiratory Fit Test	\$31
Spirometry / Pulmonary Function Test	\$57
Student Drug Screen, BAT & Exam, and medical assessment	\$283
Titmus Test	\$21
UDS Collection Only	\$26
Urine Drug Screen (Panel 5 OR Panel 10) w/ MRO Review	\$77
Varicella Immunization	\$181
Venipuncture with interpretation and lab handling	\$26
Vision Screen/Color	\$15



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Lab Work	Pricing
ALT/SGPT, SERUM	\$23
AMYLASE SERUM	\$28
Arsenic 24 hr. Urine (Mayo ASU)	\$99
BETA HCG QUANTITATIV	\$64
BETA STREP SCREEN	\$29
BLOOD TYPING ABO RH - total	\$41
C REACTIVE PROTEIN	\$23
CADMIUM 24 hr. Urine (Mayo CDU)	\$112
CADMIUM BLOOD (Mayo CDB)	\$111
CBC Complete with Platelet Count	\$28
CHEM SCREEN (Comprehensive Metabolic Panel) with LIPIDS	\$97
CHOLINESTERASE RBC (Mayo ACHS)	\$188
COMPREHENSIVE METABOLIC PANEL (CMP)	\$40
DRUG SCREEN MULT CLASS URINE	\$103
FREE T4	\$38
GLYCOSYLATED HEMOGLOB A1C	\$41
HEAVY METALS URINE (Mayo HMSRU)	\$247
HEPATIC FUNCTION PANEL	\$35
HEPATITIS A AB	\$93
HEPATITIS B SURF AB	\$77
HEPATITIS B SURF AG	\$44
HEPATITIS C AB	\$77
HIV 1 & 2 AB SNG ASSAY	\$62
HOMOCYSTINE	\$71
Lead 24 hr. Urine (Mayo PBU)	\$111
LEAD LEVEL, SERUM	\$52
LEAD PROFILE OCCUPATIONAL EXPOS (Includes Lead and Zinc Protoporphyrin) Mayo LEAD	\$150

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Lab Work continued	Pricing
LIPID PANEL	\$57
LYME ANTIBODY	\$72
LYME reflexes to Western Blot IgG and IgM (*need to update bill if + on antibody)	\$131
LYME TITER BY PCR (Mayo PBORB)	\$101
Mercury 24 hr Urine (Mayo HGU)	\$99
MMR TITER - total	\$156
Mumps titer	\$56
Measles (Rubeola) titer	\$41
Rubella titer	\$62
OVA AND PARASITE EXAM	\$37
PHOSPHORUS	\$20
PROSTATE SPEC ANTIGEN TOTAL (PSA)	\$93
Quantiferon TB Gold (Mayo)	\$262
RABIES Titer (Mayo FRFIT)	\$247
T3 UPTAKE	\$38
T4	\$29
Thallium 24 hr. Urine (Mayo TLU)	\$112
Thyroid Cascade	\$209
TSH if positive reflexes to	\$71
FT4	\$38
FT3	\$71
Total T4	\$29
FT4	\$38
TSH Thyroid Stimulating Hormone	\$71
URIC ACID	\$45
URINALYSIS W/MICROSCOPIC	\$21
URINE CULTURE	\$34
URINE PREGNANCY	\$31
VARICELLA ZOSTER Titer AB	\$77
ZPP (zinc Protoporphyrin) Mayo NEZPP	\$105




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OCCUPATIONAL HEALTH PRICING AGREEMENT

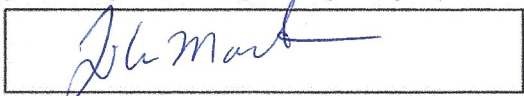
IMMUNIZATIONS	
Hepatitis A Immunization, SERIES OF 2	\$110 PER DOSE
Hepatitis B Immunization, SERIES OF 3	\$ 88 PER DOSE
Influenza Quadrivalent Immunization	\$40
MMR Vaccine	\$85
Rabies Immunization SERIES OF THREE	\$395 PER DOSE
Tetanus/diphtheria Toxoids	\$34
Tetanus/diphtheria/Pertussis Immunization	\$105
Twinrix, Hepatitis A-Hepatitis B Immunization SERIES OF 3	\$182 PER DOSE
Typhoid Immunization	\$130

The Occupational Health Enrollment Form, 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 Jennie Mendillo at (973) 831-5348 or e-mail at [Jennie.Mendillo@atlanticealth.org](mailto:Jennie.Mendillo@atlanticealth.org) for questions or concerns.

**AUTHORIZATION**

COHC hereby grants Company the right to use COHC's name, logos, and trademarks solely for internal publicity and communications regarding COHC's services. All other uses of COHC's name, logos, or trademarks shall require COHC'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 COHC'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.

<b>Acknowledged, Accepted, and Agreed by Company:</b>	
Signature: <span style="border: 1px solid black; padding: 5px; display: inline-block;">  </span>	Date: <u>1-24-22</u>
Company Name: <u>Rockaway Valley Reg. S.A.</u>	Billing Contact Name: <u>Corinne Mosher</u>
Company Address: <u>99 Greenbank Rd.</u> <u>Boonton, NJ 07005</u>	Billing Contact E-Mail: <u>cmosher@rvrsa.org</u>
Print Name: <u>JoAnn Mendisni</u>	Billing Address: <u>99 Greenbank Road</u> <u>Boonton, NJ 07005</u>
Title: <u>Executive Director</u>	

Please return to [Jennie.Mendillo@atlanticealth.org](mailto:Jennie.Mendillo@atlanticealth.org). Thank you.