

OCCUPATIONAL HEALTH PRICING AGREEMENT

Chilton Occupational Health Center (COHC) at Atlantic Health System (AHS) is pleased to offer Occupational Health related services. Below is a price list for each service.

| BUNDLED SERVICES | | Pricing |
|---|--|---------|
| Standard Physical (Post-Offer, Pre-Employment) | | \$103 |
| Height/Weight | | |
| Vital Signs | | |
| Review Medical History Form | | |
| Vision Screen (eye chart) | | |
| Urine Dip Stick | | |
| DOT Physical | | \$151 |
| Standard Physical | | |
| Review DOT Form | | |
| Color Vision Screen | | |
| If requested: Audiotone (additional \$35) Audiogram (additional \$65) | | |
| Respiratory Physical | | \$194 |
| Standard Physical | | |
| Review OSHA Respiratory Form | | |
| Spirometry | | |
| Hazmat (Medical Surveillance) Physical | | \$271 |
| Standard Physical | | |
| Color Vision Screen | | |
| Spirometry | | |
| Review OSHA Respiratory Form | | |
| Audiotone | | |
| Microurinalysis | | |
| Police Academy Physical | | \$910 |
| Standard Physical | | |
| Agility/Workability Test (at off-site location) | | |
| Cardiac Stress Test (at off-site location) | | |
| Chest X-Ray | | |
| Audiogram | | |
| Venipuncture | | |
| CBC Complete | | |
| Chem Profile + Lipid | | |

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| ADDITIONAL SERVICES | Pricing |
|---|---------|
| Agility/workability test (at off-site location) | \$189 |
| Audiogram (booth) | \$70 |
| Audio tone | \$38 |
| B Reader | \$81 |
| Body Mass Index | \$38 |
| Breath Alcohol Test | \$38 |
| Cardiac Stress Test (at off-site location) | \$460 |
| Chest X-Ray: Posterior-anterior (PA) & Lateral (LAT) | \$92 |
| Electrocardiogram - EKG with complete interpretation | \$74 |
| Fit for Duty Exam- case specific | \$135 |
| Form Review - OSHA, DOT, or company specific | \$33 |
| Hemoccult slide test | \$27 |
| Lumbosacral Spine X-Ray | \$108 |
| Mammography W/CAD | \$352 |
| Mantoux Test | \$38 |
| Office Visit/Consultation Rate | \$135 |
| Quantitative Respiratory Fit Test | \$75 |
| Qualitative Respiratory Fit Test | \$33 |
| Spirometry / Pulmonary Function Test | \$60 |
| Student Drug Screen, BAT & Exam, and medical assessment | \$297 |
| Titmus Test | \$22 |
| UDS Collection Only | \$27 |
| Urine Drug Screen (Panel 5 OR Panel 10) w/ MRO Review | \$81 |
| Varicella Immunization | \$190 |
| Venipuncture with interpretation and lab handling | \$27 |
| Vision Screen/Color | \$16 |

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| Lab Work | Pricing |
|--|---------|
| ALT/SGPT, SERUM | \$24 |
| AMYLASE SERUM | \$29 |
| Arsenic 24 hr. Urine (Mayo ASU) | \$104 |
| BETA HCG QUANTITATIV | \$67 |
| BETA STREP SCREEN | \$30 |
| BLOOD TYPING ABO RH - total | \$43 |
| C REACTIVE PROTEIN | \$24 |
| CADMIUM 24 hr. Urine (Mayo CDU) | \$118 |
| CADMIUM BLOOD (Mayo CDB) | \$117 |
| CBC Complete with Platelet Count | \$29 |
| CHEM SCREEN (Comprehensive Metabolic Panel) with LIPIDS | \$102 |
| CHOLINESTERASE RBC (Mayo ACHS) | \$197 |
| CHROMIUM | \$380 |
| COMPREHENSIVE METABOLIC PANEL (CMP) | \$42 |
| DRUG SCREEN MULT CLASS URINE | \$108 |
| FREE T4 | \$40 |
| GLYCOSYLATED HEMOGLOB A1C | \$43 |
| HEAVY METALS URINE (Mayo HMSRU) | \$259 |
| HEPATIC FUNCTION PANEL | \$37 |
| HEPATITIS A AB | \$98 |
| HEPATITIS B SURF AB | \$81 |
| HEPATITIS B SURF AG | \$46 |
| HEPATITIS C AB | \$81 |
| HIV 1 & 2 AB SNG ASSAY | \$65 |
| HOMOCYSTINE | \$75 |
| Lead 24 hr. Urine (Mayo PBU) | \$117 |
| LEAD LEVEL, SERUM | \$55 |
| LEAD PROFILE OCCUPATIONAL EXPOS (Includes Lead and Zinc Protoporphyrin) Mayo LEAD | \$158 |

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| Lab Work continued | Pricing |
|--|---------|
| LIPID PANEL | \$60 |
| LYME ANTIBODY | \$76 |
| LYME reflexes to Western Blot IgG and IgM (*need to update bill if + on antibody) | \$138 |
| LYME TITER BY PCR (Mayo PBORB) | \$106 |
| Mercury 24 hr Urine (Mayo HGU) | \$104 |
| MMR TITER - total | \$164 |
| Mumps titer | \$59 |
| Measles (Rubeola) titer | \$43 |
| Rubella titer | \$65 |
| OVA AND PARASITE EXAM | \$39 |
| PHOSPHORUS | \$21 |
| PROSTATE SPEC ANTIGEN TOTAL (PSA) | \$98 |
| QuantiFERON TB Gold (Mayo) | \$275 |
| RABIES Titer (Mayo FRFIT) | \$259 |
| T3 UPTAKE | \$40 |
| T4 | \$30 |
| Thallium 24 hr. Urine (Mayo TLU) | \$118 |
| Thyroid Cascade | \$219 |
| TSH if positive reflexes to | \$75 |
| FT4 | \$40 |
| FT3 | \$75 |
| Total T4 | \$30 |
| FT4 | \$40 |
| TSH Thyroid Stimulating Hormone | \$75 |
| URIC ACID | \$47 |
| URINALYSIS W/MICROSCOPIC | \$22 |
| URINE CULTURE | \$36 |
| URINE PREGNANCY | \$33 |
| VARICELLA ZOSTER Titer AB | \$81 |
| ZPP (zinc Protoporphyrin) Mayo NEZPP | \$110 |

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| IMMUNIZATIONS | |
|---|----------------|
| Hepatitis A Immunization, SERIES OF 2 | \$116 PER DOSE |
| Hepatitis B Immunization, SERIES OF 3 | \$92 PER DOSE |
| Influenza Quadrivalent Immunization | \$42 |
| MMR Vaccine | \$89 |
| Rabies Immunization SERIES OF THREE | \$415 PER DOSE |
| Tetanus/diphtheria Toxoids | \$36 |
| Tetanus/diphtheria/Pertussis Immunization | \$110 |
| Twinrix, Hepatitis A-Hepatitis B Immunization SERIES OF 3 | \$191 PER DOSE |
| Typhoid Immunization | \$137 |

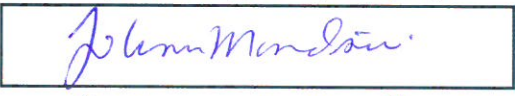
The Occupational Health Enrollment Form, Work Injury Enrollment Form (if applicable) along with this Occupational Health Pricing Agreement are required to be submitted prior to services being rendered and to complete enrollment process.

Please contact Mehak Ahmad at (973)-831-5348 or e-mail at Mehak.Ahmad@atlantichhealth.org for questions or concerns.

AUTHORIZATION

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Acknowledged, Accepted, and Agreed by Company:

| | |
|---|---|
| <p>Signature: <u></u></p> <p>Company Name: <u>Rockaway Valley Reg. S.A.</u></p> <p>Company Address: <u>99 Greenbank Rd, Bonton</u> <u>NT 07005</u></p> <p>Print Name: <u>JoAnn Mondesini</u></p> <p>Title: <u>Executive Director</u></p> | <p>Date: <u>12/27/2023</u></p> <p>Billing Contact Name: <u>JoAnn Mondesini</u></p> <p>Billing Contact E-Mail: <u>jmondesini@rvsa.org</u></p> <p>Billing Address: <u>99 Greenbank Rd</u> <u>Bonton, NT 07005</u></p> |
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Please return to Mehak.Ahmad@atlantichhealth.org. Thank you.