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)	\$108
Height/Weight	
Vital Signs	
Review Medical History Form	
Vision Screen (eye chart)	
Urine Dip Stick	
DOT Physical	\$159
Standard Physical	
Review DOT Form	
Color Vision Screen	
If requested: Audiotone (additional \$35) Audiogram (additional \$65)	
Respiratory Physical	\$204
Standard Physical	
Review OSHA Respiratory Form	
Spirometry	
	100
Hazmat (Medical Surveillance) Physical	\$285
Standard Physical	
Color Vision Screen	
Spirometry	
Review OSHA Respiratory Form	
Audiotone	
Microurinalysis	
Police Academy Physical	\$956
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	

ADDITIONAL SERVICES	Pricing
Agility/workability test (at off-site location)	\$198
Audiogram (booth)	\$74
Audio tone	\$40
B Reader	\$85
Body Mass Index	\$40
Breath Alcohol Test	\$40
Cardiac Stress Test (at off-site location)	\$483
Chest X-Ray: Posterior-anterior (PA) & Lateral (LAT)	\$97
Electrocardiogram - EKG with complete interpretation	\$78
Fit for Duty Exam- case specific	\$142
Form Review - OSHA, DOT, or company specific	\$35
Hemoccult slide test	\$28
Lumbosacral Spine X-Ray	\$113
Mammography W/CAD	\$370
Mantoux Test	\$40
Office Visit/Consultation Rate	\$142
Quantitative Respiratory Fit Test	\$79
Qualitative Respiratory Fit Test	\$35
Spirometry / Pulmonary Function Test	\$63
Student Drug Screen, BAT & Exam, and medical assessment	\$312
Titmus Test	\$23
UDS Collection Only	\$28
Urine Drug Screen (Panel 5 OR Panel 10) w/ MRO Review	\$85
Varicella Immunization	\$200
Venipuncture with interpretation and lab handling	\$28
Vision Screen/Color	\$17

LAB WORK	Pricing
ALT/SGPT, SERUM	\$25
AMYLASE SERUM	\$30
Arsenic 24 hr. Urine (Mayo ASU)	\$109
BETA HCG QUANTITATIV	\$70
BETA STREP SCREEN	\$32
BLOOD TYPING ABO RH - total	\$45
C REACTIVE PROTEIN	\$25
CADMIUM 24 hr. Urine (Mayo CDU)	\$124
CADMIUM BLOOD (Mayo CDB)	\$123
CBC Complete with Platelet Count	\$30
CHEM SCREEN (Comprehensive Metabolic Panel) with LIPIDS	\$107
CHOLINESTERASE RBC (Mayo ACHS)	\$207
CHROMIUM	\$399
COMPREHENSIVE METABOLIC PANEL (CMP)	\$44
DRUG SCREEN MULT CLASS URINE	\$113
FREE T4	\$42
GLYCOSYLATED HEMOGLOB A1C	\$45
HEAVY METALS URINE (Mayo HMSRU)	\$272
HEPATIC FUNCTION PANEL	\$39
HEPATITIS A AB	\$103
HEPATITIS B SURF AB	\$85
HEPATITIS B SURF AG	\$48
HEPATITIS C AB	\$85
HIV 1 & 2 AB SNG ASSAY	\$68
HOMOCYSTINE	\$79
Lead 24 hr. Urine (Mayo PBU)	\$123
LEAD LEVEL, SERUM	\$58
LEAD PROFILE OCCUPATIONAL EXPOS (Includes Lead and Zinc Protoporphyrin) Mayo LEAD	\$166

LAB WORK continued	Pricing
LIPID PANEL	\$63
LYME ANTIBODY	\$80
LYME reflexes to Western Blot IgG and IgM	
*(need to update bill if + on antibody)	\$145
LYME TITER BY PCR (Mayo PBORB)	\$111
Mercury 24 hr Urine (Mayo HGU)	\$109
MMR TITER - total	\$172
Mumps titer	\$62
Measles (Rubeola) titer	\$45
Rubella titer	\$68
OVA AND PARASITE EXAM	\$41
PHOSPHORUS	\$22
PROSTATE SPEC ANTIGEN TOTAL (PSA)	\$103
QuantiFERON TB Gold (Mayo)	\$289
RABIES Titer (Mayo FRFIT)	\$272
T3 UPTAKE	\$42
T4	\$32
Thallium 24 hr. Urine (Mayo TLU)	\$124
Thyroid Cascade	\$230
TSH if positive reflexes to	\$79
FT4	\$42
FT3	\$79
Total T4	\$32
FT4	\$42
TSH Thyroid Stimulating Hormone	\$79
URIC ACID	\$50
URINALYSIS W/MICROSCOPIC	\$23
URINE CULTURE	\$38
URINE PREGNANCY	\$35
VARICELLA ZOSTER Titer AB	\$85
ZPP (zinc Protoporphyrin) Mayo NEZPP	\$116



IMMUNIZATIONS	
Hepatitis A Immunization, SERIES OF 2	\$122 PER DOSE
Hepatitis B Immunization, SERIES OF 3	\$97 PER DOSE
Hepatitis B Immunization, SERIES OF 2	\$164 PER DOSE
Influenza Quadrivalent Immunization	\$44
MMR Vaccine	\$93
Rabies Immunization SERIES OF THREE	\$436 PER DOSE
Tetanus/diphtheria Toxoids	\$38
Tetanus/diphtheria/Pertussis Immunization	\$116
Twinrix, Hepatitis A-Hepatitis B Immunization SERIES OF 3	\$201 PER DOSE
Typhoid Immunization	\$144
Vaccine Administration Fee	\$24

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 (848)-351-0308 or e-mail at Mehak.Ahmad@atlantichealth.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.

Acknowledged, Acc	cepted, and Agreed by Company:	
Signature: /// 201		Date: December 12, 2024
\mathcal{O}^{0}	lenn Mondrie	Billing Contact Name: JoAnn Mondsini
Company Name:	Rockaway Valley Regional Sewerage Authority	Billing Contact E-Mail: jmondsini@rvrsa.org
Company Address:	99 Greenbank Road, Boonton, NJ 07005	Billing Address: 99 Greenbank Road, Boonton, NJ 07005
Print Name:	JoAnn Mondsini	
Title:	Executive Director Corpo	rate Health Coordinator: Whehak Ahmad

Please return to Mehak.Ahmad@atlantichealth.org. Thank you.