

Occupational Medicine Price Agreement

Company Information

Name Chartier's Valley school District
Address 2030 Swallow Hill Road
City Pittsburgh
State PA Zip 15220
Phone 412-429-7007
Fax
Contact Rob Marek
Email Rmarek@cvsd.net

Invoice

Email Email Address
Net Pay X 30 days

All invoices are to be paid via ACH/EFT or via our payment portal:

<https://www.payerexpress.com/ebp/AlleghenyMed/>

Allegheny Medical is eliminating check processing. Thank you!

Workers Compensation

Insurance Company Name
Address Street Address
City City
State State Zip Zip
Contact Phone Number
Phone Fax Number
Fax Name
Email Email Address

*We do NOT BILL unless instructed.

Company Contacts

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|-----|---------------------------|
| DER | Rob Marek 412-429-7007 |
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| Safety | |
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|----|--|
| HR | |
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New Pricing will go into effect on 8/28/2024

Prices are good until date 1/1/2026

| PROGRAMS | | |
|--|----------|---|
| Administration/ No Show Fee | \$76.00 | x |
| Onsite Services – first hour – Includes travel time and mileage for Techs and MAs, does NOT include MD, DO, DC, or CRNPs. | \$250.00 | x |
| Onsite Services – Each additional 60 min block | \$85.00 | x |
| Allegheny Medical will be sending staff to do onsite once every quarter for the random drug testing (this will be set up by Dakota and Rob) | | |
| PHYSICALS | | |
| Physical – DOT | \$80.00 | x |
| Physical – nonDOT (General Physical) | \$71.00 | x |
| Physical – School Bus | \$40.00 | x |
| DRUG/ALCOHOL TESTING | | |
| Breath Alcohol Test | \$25.00 | x |
| Breath Alcohol Test Confirmation | \$30.00 | x |
| Drug Screen – Collection Only | \$27.00 | |
| Drug Screen – DOT with MRO Service | \$65.00 | x |
| Drug Screen – nonDOT with MRO Service | \$71.00 | |
| Drug Screen – Instant Read | \$36.00 | |
| Drug Screen – Observation Fee | \$76.00 | |
| Drug Screen – Randomization per pool, per quarter | \$30.00 | x |
| OTHER SERVICES | | |
| Audiogram/Audiometric Exam | \$46.00 | x |
| TB Skin Test | \$31.00 | x |
| QuantIFERON – TB Gold (TB blood test) | \$151.00 | x |

By signing this agreement, I agree on behalf of Chartiers Valley School District that any service rendered for Chartiers Valley School District by Allegheny Medical, P.C. will be subject to payment by Prices can be subject to change due to supply chain/rising costs.

Allegheny Medical, P.C. requires an authorization from Chartiers Valley School District for all services rendered. If an authorization is not presented at the time of service, and services are rendered, Chartiers Valley School District will be responsible for payment of all rendered services.

Dakota Kellenberger
Allegheny Medical

Date

Name: 

Date