

**TEXAS HILLS URGENT CARE CENTERS**  
**MARBLE FALLS - BEE CAVE - CEDAR PARK LOCATIONS**  
**CLINIC ACCOUNT SET-UP**

Phone 830-798-1122 Fax 830-798-1124

<b>Company Name</b> _____	<b>Company Phone</b> _____
Company Address _____	
City _____	ST _____ Zip _____
<b>Billing Name</b> _____	
Billing Address _____	
Billing Contact _____	
<b>DER (Designated Employer Representative)</b> _____	
Additional DER _____	
Office phone # _____	After hours # _____

**Urine Drug Screen Testing: Please fill out information for A or B**

\_\_\_\_\_ A. Collection Only (\$25.00) –We have our own MRO & lab. We only need you to collect & transport specimens.  
 Lab Name (ex: Quest, Labcorp) \_\_\_\_\_

- \_\_\_\_\_ B. We need to set up with your lab. Select from the following USD types:
- |  |      |
|--|------|
| _____ 5 Tox 5 panel - IN HOUSE LAB- Non DOT- same day negative results<br>sent out for confirmation on non-negative results for no extra charge    | \$65 |
| _____ 10 Tox 10 panel – IN HOUSE LAB - Non DOT- same day negative results<br>sent out for confirmation on non-negative results for no extra charge | \$77 |
| _____ DOT Federally Regulated Drug Screen –5 Panel Send out with in house MRO Review   | \$70 |

**Hair Collection Testing:**

- |   |      |
|---|------|
| _____ Collection Only   | \$25 |
| _____ Collection and Results (All hair testing – non federal) | \$90 |

**Breath Alcohol Testing:**

Note: If reasonable suspicion is the cause of BAT testing, Employer must provide transportation for the employee being tested.

- |                                   |      |                              |
|-----------------------------------|------|------------------------------|
| _____ Non DOT BAT                 | \$42 | Confirmation additional \$15 |
| _____ DOT Federally Regulated BAT | \$42 | Confirmation additional \$15 |

DER BAT: \_\_\_\_\_  
 Phone:(\_\_\_\_) \_\_\_\_\_ After hour: (\_\_\_\_) \_\_\_\_\_

**When to perform testing: Please check all that apply**

- |   |                    |
|---|--------------------|
| We request ___ UDS and/or ___ BAT as indicated above on all accident/injuries.    | DER initials _____ |
| We request ___ UDS and/or ___ BAT as indicated above on all pre-employment.       | DER initials _____ |
| We request ___ UDS and/or ___ BAT as indicated above on all random cases.         | DER initials _____ |
| We request ___ UDS and/or ___ BAT as indicated above on all reasonable suspicion. | DER initials _____ |
| We request that UDS and BAT are done on a case by case basis(Not recommended)     | DER initials _____ |

**Result Reporting Method:**

_____ FAX - Confidential fax # _____	Attention To: _____
_____ MAIL – Address: _____	Attention To: _____

**I have read and understand the above information and authorize the setup of services as described in this document. I understand that Marble Falls Minor Emergency Center does not assume responsibility for missed collections and it is the employers responsibility that the employers policies and protocols are followed.**

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Company title:** \_\_\_\_\_ **Date:** \_\_\_\_\_