



Date 6/24/2021

**5010 State Highway 30, Suite 101
Amsterdam, NY 12010**

Ph: (518) 843-6860

Fx: (518) 684-0156

Agreement of Services

The Terms of this Agreement

Name of Parties:

Montgomery County Personnel Department, hereby referred to as the client, who is paying the independent contractor is located at 20 Park Street, Post Office Box 1500, Fonda, NY 12068. The independent contractor is Eastern Med, LLC. located at 5010 State Highway 30, Suite 101, Amsterdam, New York 12010.

This agreement will remain in effect for 3 years (01/01/2022-12/31/2024)

Eastern Med, LLC will receive compensation for work performed on behalf of the client as follows:

Physical examinations offered, but not limited to include:

- DOT Physical - \$ 125.00 (Please note all DOT physical require a urinalysis as per DOT)
- General Physical- \$ 100.00 (Excludes urinalysis test)
- Road Patrol / Corrections Physical- \$110.00
- Return to Duty / Fit for Duty Physical- \$325.00 (This is a complete evaluation conducted on an employee who was hurt at work or at home and the County is looking for Eastern Med, LLC to review the employee's job description, physical and written medical recommendation to the County. This is a new service that our office is now providing).

Additional ancillary services available include:

- Finger-stick glucose test- \$20.00
- Urinalysis - \$15.00
- Pulse Oximetry- \$20.00
- 1 View Chest X-Ray - \$75.00
- Pulmonary Function Testing- \$ 35.00
- Tuberculosis Skin Test (PPD Test)- \$25.00 (Includes reading 48-72hrs later)
- EKG with Interpretation- \$35.00
- Audiogram/Audiometry- \$35.00
- Hepatitis B - \$75.00 per vaccine (This is a series of 3 vaccines over a 6 month period.)
- Asbestos Abatement Physicals as per OSHA Guidelines - \$545.00 (This is all inclusive of the physical, respiratory physical, mask fit test, 1 view chest X-ray and B Reader Radiologist, PPD Test).
- American Heart Association First Aid and CPR/AED Training- Pricing will vary based off of AHA pricing that is adjusted yearly, as well as the number of students that will be taking the class).

Additional costs that apply include:

- A \$50.00 no show fee will be applied per person should there be a scheduled event and no one arrives to be screened or examined.
- Mileage charges will be applied per mile traveled to and from your site: \$0.58 per mile for onsite drug testing.



EASTERNMED

Your Health And Safety Source

**5010 State Highway 30, Suite 101
Amsterdam, NY 12010**

Ph: (518) 843-6860

Fx: (518) 684-0156

Agreement of Services

The Terms of this Agreement

Respirator Fit Testing with Medical Written Opinion - \$115.00 per person

Service includes the following:

- Qualitative/Quantitative respirator fit test
- Spirometry (Pulmonary Function Testing)
- OSHA questionnaire
- Medical Examiners Medical Written Opinion
- Mask Fit

Mask Make:

Mask Model:

Additional information pertaining to Respirator Fit Testing includes:

- Employees must be provided, by their employer, with the exact make, model, size mask they will be utilizing in the workplace.
- Employees must be clean shaven to complete a fit test, otherwise the patient may be asked to shave or have the fit test rescheduled for a later time.
- An additional \$35.00 fee will apply per any additional mask fit tests performed on the date of services, despite the result of the fit test.
- Onsite events are available with a minimum of 8 personnel to be fit tested. Please contact your Eastern Med representative to discuss logistics. Additional fee of \$175 for onsite services will apply.

Drug and Alcohol Testing services offered, but not limited to, include:

- 5 Panel Urine Drug Screening- \$46.00
- 10 Panel Urine Drug Screening- \$61.00
- Customized Panels Available Upon Request
- Certified BAT Breath Alcohol Testing- \$30.00

Additional drug/alcohol testing fees that apply include:

- After hours Post Accident Drug and Alcohol Testing Activation Fee (Does not include the cost of the screening)- \$275.00
- Direct Observation fee- \$20.00
- Positive Alcohol Confirmation Screen- \$20.00
- Medical Review Officer fee (per drug screen)- \$7.00
- Annual MIS Report (DOT Modalities Only)- \$200.00
- Company Substance Abuse Policy and Consultation- \$150.00
- Federal / State DOT Audit, Department of Labor Disputes, Case Analysis, Document Review and Consultation - \$175.00 per hour (This includes review of all discovery, documentation and / or deposition testimony transcripts).
- Substance Abuse Professionals (SAP) for DOT Positive drug or alcohol screens are available upon request. (Additional cost will apply).

Random Testing/Drug and Alcohol Testing Program Details:

If you have not already done so, please provide Eastern Med with the initial or updated list of names for the individuals who are to be included in the random testing pool. From which point you will be responsible for maintaining your testing pool by providing our organization with an updated list to ensure your random pool is accurate before you pull your selections monthly, quarterly, or annually.

Administrative program management fees include:

- One time Random Drug and Alcohol Program system setup fee- \$350.00 ****NO CHARGE / FEE WAIVED****
- Annual Random Testing Program Management renewal fee- \$250.00 ****NO CHARGE / FEE WAIVED****

Associated program management fees cover the following details:

- Selections monitored and generated via an approved scientific randomized selection process via the Eastern Med's software.
- Access to up to date data. (Results, selection list, percentages/number of test monitored, etc...)
- Coordination of services



EASTERNMED

Your Health And Safety Source

**5010 State Highway 30, Suite 101
Amsterdam, NY 12010**

Ph: (518) 843-6860

Fx: (518) 684-0156

Agreement of Services

The Terms of this Agreement

The randomly generated list of employees who have been randomly selected for testing/screening are to be provided solely to the Designated Employee Representative (DER). The DER will then contact the employees manager or the employees themselves to inform them that they are to be tested not sooner than on the date of the testing.

The Primary DER contact is: _____ (Please indicate a primary DER)

Business office phone: _____

After business hours phone: _____

E-mail: _____

In the event Primary DER is out or unavailable for any reason, the Secondary DER will be contacted. Please indicate your organizations Secondary DER below, if applicable.

The Secondary DER contact is: _____ (Please indicate a secondary DER)

Business office phone: _____

After business hours phone: _____

E-mail: _____

Please note, in the event a drug screen has been confirmed by the Medical Review Officer (MRO) as positive, or if a technician has confirmed an alcohol screen as positive, the DER will be contacted immediately to remove the donor from his or her safety sensitive position. At which point it will be up to the discretion of the employer to determine the outcome of the employee.

Unless informed otherwise, any and all paperwork for your records, including invoices, will be mailed directly to the contact indicated below.

Montgomery County Personnel
P.O. Box 1500
Fonda, NY 12068
Attention: Nicole Yaggle

Reasonable Suspicion Training for Supervisors Web based training- \$100.00 per employee

Reasonable Suspicion Training Contents Include:

- Effects of drugs and alcohol in the workplace
- Supervisors' responsibilities in a testing program
- Drug and alcohol testing processes
- Effects of common drugs and alcohol
- Physical, behavioral, speech and performance cues related to substance abuse
- Detailed descriptions and images of prohibited drugs
- Scenarios and guidance for dealing with employees suspected to be under the influence
- Interaction and communication with personnel

It is strongly encouraged that at least two (2) supervisory personnel concur that there is reasonable suspicion for a drug and or alcohol test. This protects both supervisors and the employees.

For any after hours post accident drug and alcohol events, please call the Eastern Med after hours answering service. The procedure for this service is as follows:

- Place a call to 1-877-354-3985.
- A live operator will then take your information then in turn will forward all the information to the on call technician.
- You will receive a call back within 15 minutes from an Eastern Med Drug and Alcohol Technician.
- Once an on call technician contacts you please provide them with the details of the screen(s) that are to be performed.
- Be sure the employee being tested has a valid form of identification with a photo. If there is no ID the DER must confirm the identity of the person(s) to be screened.

Be advised, an additional \$100.00 will be applied to the after hours fee, should a technician be called out on a holiday or holiday weekend.



Date 6/24/2021

EASTERNMED

Your Health And Safety Source

5010 State Highway 30, Suite 101

Amsterdam, NY 12010

Ph: (518) 843-6860

Fx: (518) 684-0156

Agreement of Services

The Terms of this Agreement

For any and all services performed, inclement weather may cause for a service to be delayed and or canceled. In the event this occurs you will be contacted and informed by a technician and/or by his or her manager.

The client will pay Eastern Med no later than 30 days upon receipt of invoice. If payment is not received within the 30 day net policy a 1.5% charge will be applicable. In the event the account becomes 60 days past due, all services will be suspended until the account has been paid in full.

Should you have any questions or concerns regarding this Agreement of Services please contact your Eastern Med representative by calling (518) 843-6860. The laws of the State of New York shall govern this agreement. This agreement is executed in the State of New York.

Signature / Title - Montgomery County

Print Name - Montgomery County

Date

Signature / Title - Eastern Med, LLC

Print Name - Eastern Med, LLC

Date