

# Polk Medical Testing Solutions

3430-L McKelvey Road, Bridgeton, MO 63044

Phone: 314-475-5955 Fax: 314-985-5833

Toll Free: 877-269-POLK (7655)

[www.PolkTesting.com](http://www.PolkTesting.com)

## DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM

### DOT CONSORTIUM PACKAGE INCLUDES

- ❖ Membership in DOT Random Testing Consortium or Individual Selections
- ❖ Random Selections and Notifications Quarterly
- ❖ Consultation and Administrative Support (One Time and On-Going Options)
- ❖ Local and Out of Area Drug and Alcohol Collection Sites
- ❖ Referrals to Substance Abuse Professional
- ❖ Resource Center for Current Regulations and Agency Inspection Required Reports
- ❖ DOT Alcohol and Drug Testing Employee Handbook
- ❖ Drug Testing to Include Specimen Collection, Initial Lab Test and GC/MS Confirmation
- ❖ Certified, Full Time MRO Reporting of Results *via* phone, email or fax.

### FEE SCHEDULE

Consortium Annual Membership Fee \$ \_\_\_\_\_ \*  
1-10 DOT Employees per company Fee, Multi-Company Pool

Owner Operator/Single Driver Annual Fee \$ \_\_\_\_\_ \*

*\* Setup Fee May Be Required*

Supervisor Training	<b>\$75-</b> Online Version
FMCSA Clearinghouse Registration Fee	<b>\$25-</b> One Time Fee Per Driver
FMCSA Clearinghouse Query Program	<b>\$10-</b> Per Driver Annually
Per Drug Test	<b>\$65-</b> Fees May Vary Based On Each Clinic
Per Alcohol Test	<b>\$35-</b> Fees May Vary Based On Each Clinic

Testing Fee Includes: 5 Panel DOT Drug Screen, Collection of Specimen, Lab Testing with Confirmation, MRO Reporting, MIS Reports when required and/or requested, and Certified Random Selections – All DOT Approved.

The testing services listed above will keep you in compliance with the DOT Drug and Alcohol Testing Regulations – 49 CFR Part 40 and the regulations of your operating administration.

## Polk Medical Testing Solutions

Date: _____	Company Name: _____	<input type="checkbox"/> New <input type="checkbox"/> Reinstatement																		
Contact or Designated Employer Representative (DER): Billing Contact: <input type="checkbox"/> Same as DER																				
Mailing Address:  _____ _____ _____ City                      ST                      ZIP	Physical Address:  _____ _____ _____ City                      ST                      ZIP	Billing Address:  _____ _____ _____ City                      ST                      ZIP																		
Main Phone #: (    ) _____	Alt Phone #: (    ) _____	Fax Phone #: (    ) _____ Secure Fax? Y    N																		
Email: _____	How did you hear about us? _____	DOT # _____																		
Polk Medical Testing Solutions will act as an intermediary in transmitting the information from other service agents to the DER of the employer per Appendix F of the 49 CFR Part 40 Procedures. Please select how you would like to receive correspondence: <u>      </u> <b>Email</b> <u>      </u> <b>Fax</b> <u>      </u> <b>Mail</b> (Select One)																				
Type of Business: (ie: Trucking, construction, Etc.) _____		Owner Operator? <b>YES</b> <b>NO</b>																		
Are you a seasonal company? <b>YES</b> <b>NO</b> If yes, please list your seasonal dates: _____																				
Are you currently enrolled in a Random Drug Testing Program? <b>YES</b> <b>NO</b>																				
If yes, Consortium Name: _____																				
Company required testing: <b>DOT</b> or <b>NON-DOT</b>																				
DOT Agency: _____																				
If FMCSA, are you registered in the FMCSA Clearinghouse? <b>YES</b> <b>NO</b>																				
Please note: All DOT employees must provide proof of negative drug test or previous Consortium enrollment before they will be enrolled in our Consortium Program.																				
To use a previous drug test, it must have been taken within <i>30 days</i> prior to joining the Consortium.																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Consortium Membership Fee</td> <td style="width: 30%;">\$ _____</td> <td style="width: 40%;"></td> </tr> <tr> <td>Single Driver or Owner Operator</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Pre-Employment DOT Drug Testing</td> <td>\$65* Urine Collection/Testing</td> <td>\$35* BAT</td> </tr> <tr> <td>Clearinghouse Registration Fee</td> <td colspan="2">\$25 Polk Medical Testing Solutions will register you in the FMCSA</td> </tr> <tr> <td>Supervisor Training</td> <td colspan="2">\$75 Required All DOT companies except owner operators</td> </tr> <tr> <td>Reinstatement Fee</td> <td colspan="2">\$75 DOT Drug test is <b>required</b> for reinstatement</td> </tr> </table>			Consortium Membership Fee	\$ _____		Single Driver or Owner Operator	\$ _____		Pre-Employment DOT Drug Testing	\$65* Urine Collection/Testing	\$35* BAT	Clearinghouse Registration Fee	\$25 Polk Medical Testing Solutions will register you in the FMCSA		Supervisor Training	\$75 Required All DOT companies except owner operators		Reinstatement Fee	\$75 DOT Drug test is <b>required</b> for reinstatement	
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*Pricing may vary upon location																				
Payment Method: (Processing fee refunded after 12 months if set up autopay)																				
<b>Visa/Mastercard Number:</b> _____ <b>Exp:</b> _____ <b>CVV:</b> _____ _____ Keep my info on file for future invoices. (Please Initial)																				
With my signature I hereby agree to participate in the Polk Medical Testing Solutions consortium and further agree to abide by its rules, policies, and procedures. Upon receipt of my signed application and payment Polk Medical Testing Solutions will forward me a complete membership package, which will include proof of membership and <i>Polk Medical Testing Solutions</i> rules and regulations.																				
Authorized Signature: _____		Date: _____																		

**Polk Medical Testing Solutions**  
**Driver Information Roster**

Please send a copy of each driver's current license and last drug screen.

<u>Employee Name</u>	<u>Telephone Number</u>	<u>Driver License # /State Issued</u>	<u>DOB / Last 4 of SSN</u>
1 _____	_____	_____ /__	_____/____
2 _____	_____	_____ /__	_____/____
3 _____	_____	_____ /__	_____/____
4 _____	_____	_____ /__	_____/____
5 _____	_____	_____ /__	_____/____
6 _____	_____	_____ /__	_____/____
7 _____	_____	_____ /__	_____/____
8 _____	_____	_____ /__	_____/____
9 _____	_____	_____ /__	_____/____
10 _____	_____	_____ /__	_____/____

*Please print additional sheets for additional employees.*

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## DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM SERVICE AGREEMENT

Polk Medical Testing Solutions abides by all current Department of Transportation (DOT) Regulations regarding 49 CFR Part 40 of all DOT agencies. The goal of Polk Medical Testing Solutions is to provide dependable administrative survivors. The employer, however, is ultimately responsible for staying in compliance with the department of Transportation.

Membership fees include all random draws and all administrative fees. Sperate fees are required for supervisor training, SALE Programs, Follow up testing, and its administration. Polk Medical Testing Solutions will act as an intermediary in transmitting the information from the other service agents to the DER of the employer per the Appendix F of the 49 CFR Part 40 procedures. We will retain all associated DOR required records during the service period and will provide these records upon request at no charge upon membership termination. Required records not received by this consortium will be the responsibility of the member (eg:MRO records sent to the enrolled not forwarded to us)

### Services Offered:

DOT & NON-DOT Drug Testing	Computer Generated Random Selections
DOT Breathalyzer Alcohol	Substance Abuse Professional Referral
Certified MRO	48-Hours Result Notification
Contracted Collection Sites	Supervisor Training & Education
SAMSHA/NIDA Certified Lab	Statistical Reporting Upon Request

### Polk Medical Testing Solutions Policies:

1. Information provided must be complete and accurate on the application. No false data may be knowingly submitted to Polk Medical Testing Solutions.
2. The employer must implement a Substance Abuse Policy and instruct their employees according to the procedures in the employee handbook provided in the new member package.
3. The employer understands that they are ultimately responsible for the validation, implementation and the consequences of their drug and alcohol testing program. The Employer further agrees that they understand the methods and policies of Polk Medical Testing Solutions.
4. DOT's main program may only enroll drivers operating under the Department of Transportation Federal Regulations.
5. Non-DOT Employers may only enroll employees that they have determined to be legally eligible for such a program. Employers in the state of California have been given the disclosure regarding Supreme Court Ruling.

6. Your company must remain current regarding amounts owed to Polk Medical Testing Solutions. A finance charge of **1.5%** per month will be assessed for amounts 30 days passed due. Employers will be notified in writing with sufficient time as indicated on the notice. Failure to pay the indicated amount will result in termination.
7. Insufficient Funds returned checks will be subject to a \$29 Return Check Handling Charge.
8. All random notifications must be responded to within the allotted time period. If we do not receive a response after a reasonable number of attempts have been made, we will report the result as "Failure to Test" Per DOT instructions.
9. DOT drivers who show positive on any test authorized by Polk Medical Testing Solutions will be removed from the DOT pool until evaluated by a substance abuse professional as indicated in the DOT regulations. If the driver requests that the split specimen be tested, the employer is responsible for payment as indicated in the DOT Regulations. Any additional costs incurred for processing positive testing results are also the responsibility of the employer.
10. Any company found to violate Polk Medical Testing Solutions policies or Department of Transpirations (DOT) Regulations 49 CFR Part 40 and any additional agency regulations, will be terminated without refund.

#### Hold Harmless & Indemnification

Company holds harmless and willfully indemnifies Consortium for any claims made by company, company's employee, or former employee of company for the following claims: alleged improper, illegal, and/or unauthorized disclosure made by consortium to company or on company's behalf pursuant to the requirements of this agreement.

Company shall hold harmless and indemnify Consortium for any and all claims made by The Company's employees with respect to any erroneous incorrect, and/or incomplete information. The Company is required to provide to the Consortium per services in this agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Polk Medical Testing Solutions: \_\_\_\_\_ Date: \_\_\_\_\_