

BCH Occupational Health Services

Phone 303-604-4660; Fax 303-604-4662

1000 W South Boulder Rd. Suite 220 Lafayette, CO 80026

4880 Riverbend Rd. Boulder, CO 80301

Employer Protocol Request Form

Company Name _____ Date _____

We offer the following services to employers that have designated OHS for their worker’s compensation needs and have a designation form on file with OHS.

Please check all services that are authorized by the Employer and may be provided to Employees and billed as indicated.

- Workers Compensation Injury Care & Office Visits Insurance-Billed only; Complete Designation Form as well
Must designate OHS for workers compensation to request any other services listed below. Prices listed are client rate only.
- Drug Screening Employer Billed; Pricing from BCH Lab; Complete UDS Contract as well
- TB (ppd) Skin Test Employer Billed \$16.
- TB (ppd) Skin Test Two-Step Employer Billed \$25.
- Pulmonary Function Test Employer Billed \$40.
- Respiratory Questionnaire Screen & Review Employer Billed \$25.
This is required along with any PFT testing that is not part of a physical exam.
- Physical Exam-Post Offer, Respiratory, HazMat, Other Employer Billed \$80.
Please list below the services you would like included as add-ons to each exam, use additional sheet for multiple types of exams.
- DOT Physical Employer Billed \$125.
- Record Review, PE Follow-Up, result review Employer Billed \$40./10 minutes
When needed, separate from physical exam
- Audiogram Employer Billed \$27.
- EKG Employer Billed \$42.
- Pulse Oximetry Employer Billed \$10.
This is required as an add-on to all respiratory and HazMat physical exams.
- Hepatitis A Vaccine (is a series of 2) Employer Billed \$79./vaccine
- Hepatitis B Vaccine (is a series of 3) Employer Billed \$74./vaccine
- MMR Vaccine Employer Billed \$63.
- TdaP Vaccine Employer Billed \$51.
- Td Booster Employer Billed \$39.
- Lab Testing as Requested Employer Billed Client Pricing with BCH Lab
- Chest X-Ray as Requested (positive ppd) Employer Billed Client Pricing with BCH Imaging

Prices are subject to change in accordance with hospital fee schedules. For specific physical exam requests please indicate what testing &/or forms you would like used and we will verify pricing and confirm protocol details. You may fax this, and supporting documents to 303-604-4662

Comments/Requests _____

Company Contact Name _____ Signature _____

Date _____ Processed by OHS (name/date/etc) _____