



99 Regency Pkwy, Ste 313
Mansfield, TX 76063
817-276-5422
469-621-1837 (fax)

Pricing Agreement

Collection Site information:

Clinic Name: _____

Physical Address: _____ Suite # _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Clinic Contact: _____ Email Address: _____

Billing Information:

Remit to address: _____ Suite # _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Billing Contact: _____ Email Address: _____

Hours of Operation:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

Do you accept:

Walk-ins? Y / N

Post Accidents? Y / N

Do you provide:

After Hours Services? Y / N

After Hours Number _____

On-site Services? Y / N Indicate fee: _____

Does your facility have adequate parking for Semi Trucks? Y / N

Are you willing to modify/ alter a chain of custody? Y / N

Does your facility have blank chain of custody forms? Y / N

Does your facility have blank Breath Alcohol Test forms? Y / N

Internet Access: Y / N Do you provide Workman's Comp services? Y / N

Are appointments required for Physical? Y / N Drug Screen? Y / N

Is your facility a Corporation? Y / N

Taxpayer ID#: _____

Please provide up-to-date W-9. A blank form is attached for your convenience.

DOT specimen collectors must meet the requirements of DOT 49 CFR Part 40 before August 1, 2001 and be knowledgeable of the current DOT requirements for specimen collection.

Pricing per event:

Daytime Price

Onsite/After Hours Price

<u>Pricing per event:</u>	Daytime Price	Onsite/After Hours Price
Audiogram	\$ _____	\$ _____
Breathe Alcohol Test (Confirmation)	\$ _____	\$ _____
Breathe Alcohol Test (initial)	\$ _____	\$ _____
Blood Draw (Phlebotomy)	\$ _____	\$ _____
Chest X-Ray (PA & Lateral)	\$ _____	\$ _____
EKG	\$ _____	\$ _____
Glucose Fingerstick	\$ _____	\$ _____
Hair Collection (collection only)	\$ _____	\$ _____
Mileage	\$ _____	\$ _____
Oral (Saliva) Alcohol Test	\$ _____	\$ _____
DOT Physical (includes urine dip)	\$ _____	\$ _____
NON-DOT Physical (generic)	\$ _____	\$ _____
Pulmonary Function Test	\$ _____	\$ _____
Vision Screening (Titmus)	\$ _____	\$ _____
DOT Urine Collection (collection only)	\$ _____	\$ _____
NON-DOT Urine Collection (collection only)	\$ _____	\$ _____
Urine Dip	\$ _____	\$ _____
Oral (Saliva) Drug Collection	\$ _____	\$ _____
Respiratory Fit Test	\$ _____	\$ _____
Instant/Rapid	\$ _____	\$ _____
Observed Collection Fee	\$ _____	\$ _____

Test request will be required for payment.

Pricing Terms: 1 year from date of signature unless notified in writing.

By signing below I am verifying I have authorization to negotiate and sign pricing agreements.

Name: _____ Title: _____

Signature: _____ Date: _____



DOT Part 40 Compliance Letter

This letter confirms your collection facilities compliance with DOT Regulation Part 40 of the FMSCR. By signature of this letter, you are attesting to the training and certification of your personnel and ensuring that your equipment and facility are in compliance with Part 40.

Compliance Safety Systems may require your company to submit personnel certifications for any drug and alcohol test collected at your facility. Please ensure that you have this documentation on file and that training requirements are met to ensure compliance with all DOT regulations.

Clinic Name: _____

Clinic Address: _____

Authorizing Individual Signature: _____

Authorizers Name (please print): _____

Date: _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,