## CARE STATION DEPARTMENT OF TRANSPORTATION FEE SCHEDULE FOR UNION TOWNSHIP BOARD OF EDUCATION APRIL 21, 4014 REVISED MAY 6, 2015

<u>SERVICE</u>	<u>CHARGE</u>	BILLING CODE*
DOT Physical Examination	\$80	DOTPE
Spirometry Test Only if medically indicated (history of chronic pulmonary disease, physical findings, smokers age 35 and older	\$35	SPI01
Urine Drug Collection Collection/shipment of specimen to designated laboratory	\$22	UDCOL3
DOT Breath Alcohol Test (BAT), Screening/Confirmation Charge for screening and confirmation	\$28	BATB02
Follow-up Visit  Review of requested records/test results for unknown/chronic health condition that may exist to determine eligibility for DOT certification/recertification	\$30	DOTFU

**DOT Physical** will cover the following components: height, weight, blood pressure, pulse, snellen vision with color acuity, forced whisper and urine dipstick

## SPECIAL EMPLOYEE PREPARATION:

If glasses or contacts are worn for distance, have them at the time of the physical exam for the vision test.

Identification (picture required) i.e. driver's license, passport, etc. is needed for ALL visits.

<sup>\*</sup>Billing code is what will appear on the bill from Care Station. These codes will assist you in identifying the charges.