FirstLab

# Mobile Fee Information Form

(Please complete every section of this form, if something does not apply to your facility mark it as N/A)

Name: _____

Address: _____

City, St & Zip: _____

Site Contact: _____ Ph: (  ) _____ Fax: (  ) _____

Billing Name (Name of company that handles your invoicing): _____

Billing Address: _____
(City, State & Zip)

Billing Contact: _____ Ph: (  ) _____ Fax: (  ) _____

Employer ID Number (E.I.N.): _____ 1099 - Yes ☐ or No ☐ ****Please Fax W9 with Form**
(Information should be obtained from Accountant or Billing Dept.)

**Fees** (FirstLab is not responsible for payment of specimens rejected by the laboratory; sent to wrong lab; or collected on wrong CCF due to collector error)

| Collection ONLY | Normal Hrs | After Hrs |
|---|---|---|
| DOT Urine Drug Screen | $ | $ |
| NON-DOT Urine Drug Screen | $ | $ |
| Blood Draw | $ | $ |
| **Additional tests** | | |
| DOT Physicals | $ | |
| POCT (Point of Collection Test) | $ | $ |
| Hair Collection Only | $ | $ |

| Breath Alcohol ONLY | Normal Hrs | After Hrs |
|---|---|---|
| Screening Test | $ | $ |
| Confirmation Test | $ | $ |
| Total (Screening + Confirmation) | $ | $ |
| Type of EBT Device(s) | | |
| Serial Number(s): | | |
| Saliva Screening | $ | $ |
| Type of ASD | | |

**Emergency Collections**? (Available 24 hrs)**:** ☐ Yes or ☐ No? Cell Ph/Pager #_____
Contact Name : _____

**Additional Charges** (if applicable): Emergency _____ Mileage _____ Wait time _____
Cancellation _____ Other _____

**Office Testing?** Yes ☐ or No ☐ (if yes, please call for Collection Site Fee Form)

**Certified Collectors**? Yes ☐ or No ☐ (Your DOT urine drug screen collectors & Breath Alcohol technicians must be in compliance with the requirements of the Dept. of Transportation rules and regulations.)

**Check if applicable:** ☐ Minority Business Enterprise ☐ Woman-owned Business Enterprise

**Notes:** _____

**Signature of Agreement:** _____ **Date:** _____

This agreement shall exist for one year, with automatic annual renewal. Any changes to this agreement must be submitted to FirstLab in writing, 60 days prior to implementation.

Indemnification. Collector agrees to indemnify, defend and to hold FirstLab harmless from any costs, claims, judgments, losses, damages or expenses, including reasonable attorneys' fees, which FirstLab incurs because of any negligent conduct, acts, and/or omissions of Collector in performance of its duties under this agreement.

Completion of collection activity on behalf of FirstLab in accordance with the terms and conditions of this form shall constitute acceptance and agreement to comply with all terms herein. The terms and conditions of this agreement shall be construed in accordance with the laws of the Commonwealth of Virginia

**Please fax this form and a W9 Form to** Brenda Nicodemus at FirstLab, 215-371-5933. Thank you.