



## CMCA - Concentra Medical Compliance Administration

### Enrollment Form – Consortium, FEDERAL DOT, FMCSA regulated

If your company does not need federally regulated testing, please let us know, we will gladly work with you to create a program better suited to your company's needs.

Please note we cannot accommodate owner-operators at this time, but are happy to provide you with the name and contact information of a company that does\*

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### Company Information

Company Name:

Mailing Address:

City:

State:

Zip:

Phone:

Owner's Name:

Does the above listed owner hold a CDL?    Yes    No

Does your business operate seasonally?    Yes    No

If yes, please explain:

### Billing Contact

\*who should receive future invoices? please note below who to contact for initial credit card payment if different\*

First Name:

Last Name:

Email:

Phone:

\*\*Note: If you receive drug and alcohol testing invoices for the services contracted in this agreement from another Concentra remit to address other than Colorado or a clinic facility, please DO NOT PAY THEM. Please fax them to CMCA Billing at 603-772-0179 or e-mail them to [CMCABilling@concentra.com](mailto:CMCABilling@concentra.com).

**DER – Designated Employer Representative** – The person or people authorized to receive random selection notifications, drug testing results, and other communications from CMCA

**Primary DER** Name, Title, Contact Information

Title:

First:

Last:

Email:

Phone:

**Alternate DER** Name, Title, Contact Information

Title:

First:

Last:

Email:

Phone:

## PLEASE READ – Account Information

### Regulated DOT Random Consortium Pool Administration

The FMCSA Consortium is tested in accordance with DOT Regulations. Current regulations set testing rates at 50% Drug and 10% Alcohol annually – this means we are required to test this percentage of the average number of total Consortium pool members by the end of each year. **Random Selections are pulled Quarterly, every three months, in January, April, July, and October. Notifications of selections are sent by email.**

#### Number of Pool Members (Drivers\*):

\*This number should include any person with a Commercial Drivers License (CDL) actively working (or volunteering) for your company that could possibly drive a qualifying commercial vehicle. CMCA's Consortium Program is limited to companies with 15 drivers or less. If you have more than 15 drivers, we will gladly work with you to create a program better suited to your company's needs. Please provide a full list of drivers when you submit this form.

### Federal DOT Substance Abuse Service Package Information

#### DOT MODE: Federal Motor Carrier Safety Administration (FMCSA) only

**CMCA will manage all Reasons for Testing:** Pre-Employment, Random, Post-Accident, Reasonable Suspicion, and Follow-up. Reason for Test must be specified on Authorization Form when sending employee for testing. **Authorization Forms provided after enrollment and MUST be sent to the clinic with every donor.**

**Test samples must be collected at an authorized clinic or collection site.** Tests will then be processed by Quest Labs at one of their laboratories

**Service Packages will be set up for your company** for 5 Panel DOT Regulated QUEST Lab Based Urine Collection Test and Breath Alcohol Test **at all Concentra Clinics nationwide.**

**If you do not have a Concentra clinic within 15 miles, we are happy to work with you to set up additional collection sites. If you have a non-Concentra clinic that you currently work with, please provide the name and address here:**

### CUSTODY AND CONTROL FORMS

Custody and Control forms, also called Chain of Custody forms (CCF's) are 5-part carbon copy lab forms that ensure proper processing of testing samples **and MUST be taken to the collection site by a driver going for testing.** CCFs are printed by QUEST Labs and will be shipped to you after enrollment. Please allow up to two (2) weeks delivery time after the order has been placed by CMCA.

*Please note that these should not be filled out by anyone other than the employee and the clinic. We suggest that you provide your driver with a copy to be kept in their vehicle, should they need to appear for a test while on the road.*

**Please indicate how the Company Name and Address (must be a physical address) should appear on the Custody and Control Forms:**

Company Name:

Street Address:

City:

State:

Zip:

## Pricing

### Consortium Pool Management

**Annual Fee: \$125 per Consortium pool** – the initial fee is due at the time of enrollment, payable by credit card over the phone. We will not accept payment without submission of the properly completed enrollment form and driver pool roster. Once enrolled, this fee will be invoiced annually.

**Expedited Enrollment Fee: \$200** – Account set up takes 2-3 weeks, at which point your pool members will be enrolled in the Consortium. If you need immediate enrollment due to a current audit, we are able to expedite certain parts of this process, to enroll your employees within 1 business day, for an additional fee of \$200.

### Substance Abuse Tests

Drug screens include Collection, Lab and MRO fees.

Regulated 5 Panel Lab Based Drug Test Price: \$65.00

Regulated Breath Alcohol Test Price: \$55.00

### Other Charges

Split Specimen Request Price: \$250.00

Fee only charged when donor disputes positive result and requests that 2nd specimen collected be tested to confirm result. Fee is charged to client, not donor.

Overnight Shipping: Price: \$20.00

Drug Screen Kits/Forms to collection sites, donors or employer locations if requested.

Pass Through Testing Charges: Price: Varies

Additional fees billed to CMCA by out of network testing sites, such as additional collection fees, after-hours fees, observation fees, CCF alteration fees etc. will be charged to client.

**\*All Pricing subject to annual review and adjustment\***

### AUTHORIZED SIGNATURE:

I am authorized to allow the individuals listed above to receive confidential drug/alcohol testing results. I agree to adhere to governing laws of Department of Transportation and/or state specific substance abuse laws. I hereby acknowledge and agree that the parties must mutually agree in writing to any and all changes to the Services agreed upon herein.

Authorized Representative:

Signature:

Date:

Print Name

Title:

**\*Please save completed form with your company name and submit, along with driver pool list to [CMCADOT@Concentra.com](mailto:CMCADOT@Concentra.com)\***