

TRI MED SERVICES CONSORTIUM AGREEMENT

233 EDELWEISS DR UNIT 10B BOZEMAN MT 59718

406-585-3301 fax: 406-585-3304

trimed@trimedservices.com

www.trimedservices.com

Date Registered: _____, this is also the month you will be billed the annual fee of \$250 with employees or \$150 for a single owner operator. The annual fee applies to all who register with our consortium. This fee covers set up and management of your account by Tri Med Services, our lab partner Lab Corp of America and our Medical Review Officer Drug Free Business. The fee will apply for all clients regardless of the testing you require.

COMPANY NAME: _____

DOT # _____ (if applies) DOT AUTHORITY: _____ # OF EMPLOYEES _____

CONTACT NAME(S) & TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

BUSINESS PHONE #: _____ FAX #: _____

EMAIL(S): _____

We use email for most correspondence so please let us know if you don't use email.

ADDRESS FOR BILLING/INVOICES IF DIFFERENT FROM ABOVE:

TYPE OF SERVICE: CIRCLE ONE FROM CHOICES BELOW ANNUAL FEE APPLIES TO ALL

DOT with Randoms (Random drug & alcohol testing pool required)

Non -Dot with Randoms (Random drug & alcohol testing pool)

Non- Dot without Randoms (pre-emp, post-accident or reasonable suspicion)

PRE-EMPLOYMENT ONLY: INSTANT TESTING 5 Panel or 10 Panel

PRE-EMPLOYMENT ONLY: LAB BASED TESTING 5 Panel or 10 Panel

IMPORTANT INFORMATION:

Please note that your company needs to have a drug and alcohol policy in place. We don't write policy but your membership with our MRO Drug Free Business gives you access to some of their dashboard tools such as trainings and policy templates. It is your responsibility to keep us updated on any changes with your company to include but not limited to address change, email change, name of business change and the closure of your business. **DOT clients** you will need to communicate with us when your **roster (employee list)** changes such **as new hires (who will require a pre emp UA before they can be added to our DOT random pool)** and when someone is terminated so they can be removed from the testing roster. Please notify us in writing via email to **trimed @trimedservices.com** of any changes or updates that need to be made to your account.

RANDOM TESTING INFORMATION:

Random selections are made quarterly. We are required to pull a certain % of drug and alcohol selections based on the DOT authority IE: FMCSA or FAA. Having your employee roster up to date is crucial so we can meet DOT requirements of testing. You need to notify Tri Med Services of any employee changes such as terminated, work comp, not hired so we can keep your employee roster to date. Employee roster is the list of employees you have in your company pool subject to random testing.

Once random selections are made, we will email you the employee selection form. This form designates which employee was picked to randomly test and for which test (drug, alcohol or both). All testing needs to be completed in the same quarter it was selected to be compliant. Employees can be randomly selected multiple times as once selected they are not removed from the testing pool. All employees are always subject to random testing if DOT or you have registered with us to do random testing for your company.

MANDATORY FOR DOT CLIENTS: FMCSA CLEARINGHOUSE

WEBSITE: clearinghouse.fmcsa.dot.gov

All drivers and companies with CDL's need to register with the Federal Motor Carriers Safety Administration website. Visit the website to register and obtain more information about the Clearinghouse. We don't register you in the clearinghouse. You are responsible for that on your own but we are listed in the clearinghouse for you to designate us as your **TPA/Consortium**. You can find us listed as **TriMed Services**. Please **designate us as your Consortium when you register** so we can report on your behalf as needed. We do manage testing in the clearinghouse as required. Your non-compliance with the Department of Transportation's mandatory clearinghouse could result in violations and fines with the Department of Transportation and we are not liable for those fines or violations.

FEES:

Please contact us for current drug & alcohol pricing as fees can vary on type of test and current lab and MRO fees. Annual fee is a set fee you are billed annually to be enrolled in our consortium which includes management fees, lab fees, MRO fees and shipping fees. **The annual fee applies to all clients who register for services with us regardless of the testing you signed up for.** As of date that **annual fee is \$250 for companies with 2 or more employees or \$150 for single owners/operators. Additional fees are cost of testing (drug test or alcohol)**

FAILURE TO PAY OUR INVOICES IN A TIMELY MANNER WILL RESULT IN YOUR TERMINATION IN OUR CONSORTIUM AND COULD MAKE YOU NON-COMPLIANT WITH DOT REGULATIONS.

Laboratory: Lab Corp 1904 Alexander Drive RTP, NC 27709 1-800-833-9384

MRO: Drug Free Business Dr Peacock 18912 N Creek Parkway Ste 202 Bothell WA 98011

866-448-0651 or 425-488-9755 fax 425-489-0832

Thank you for allowing us to take care of your drug testing needs.

Print Name: _____ Date: _____

Signature: _____