



www.logisticare.com

Indiana Non-Emergency (Emergent) Medical Transportation



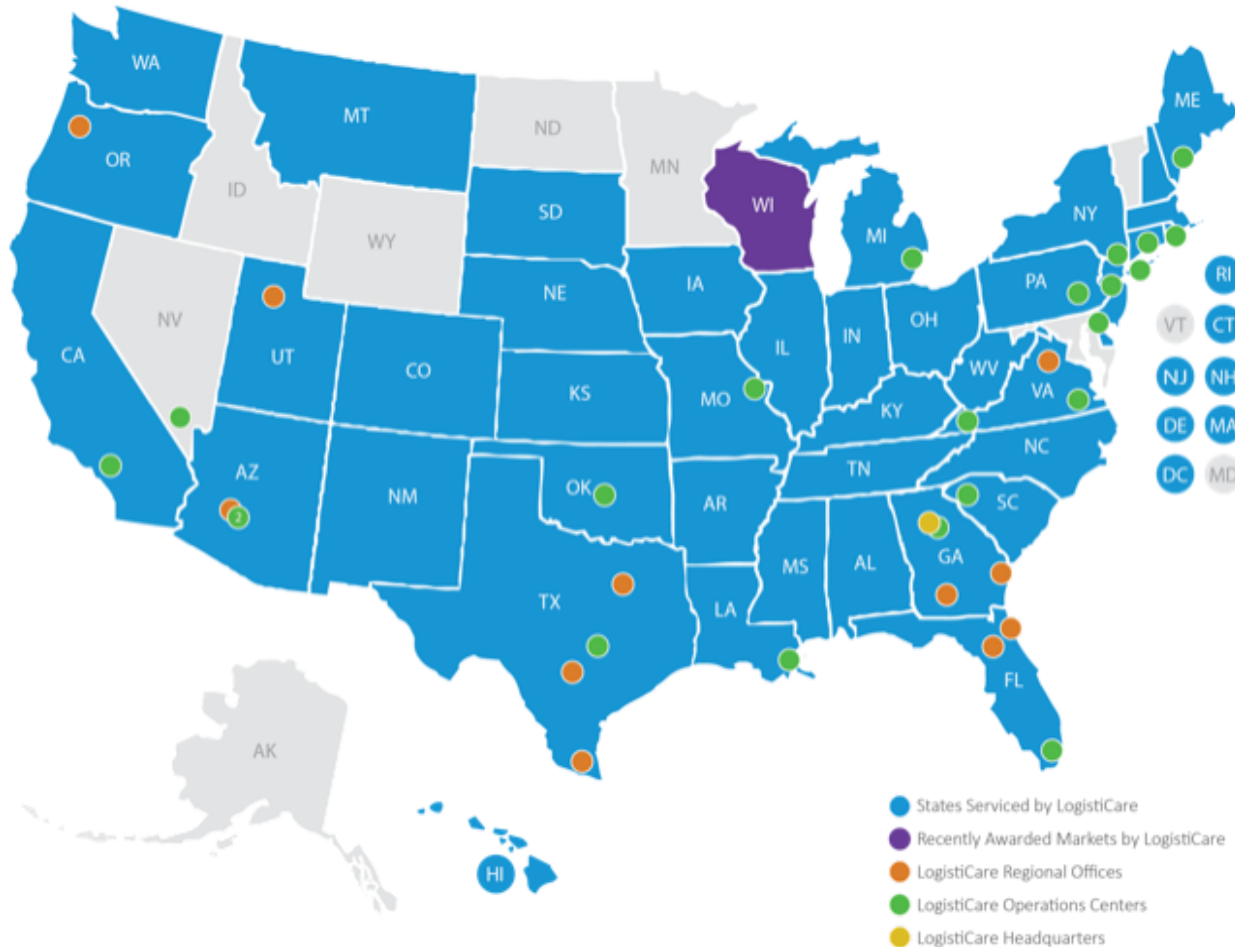
ACCREDITED
CORE
Expires 05/01/2020

AINPEC-1982-18 October 2018

Today's Agenda

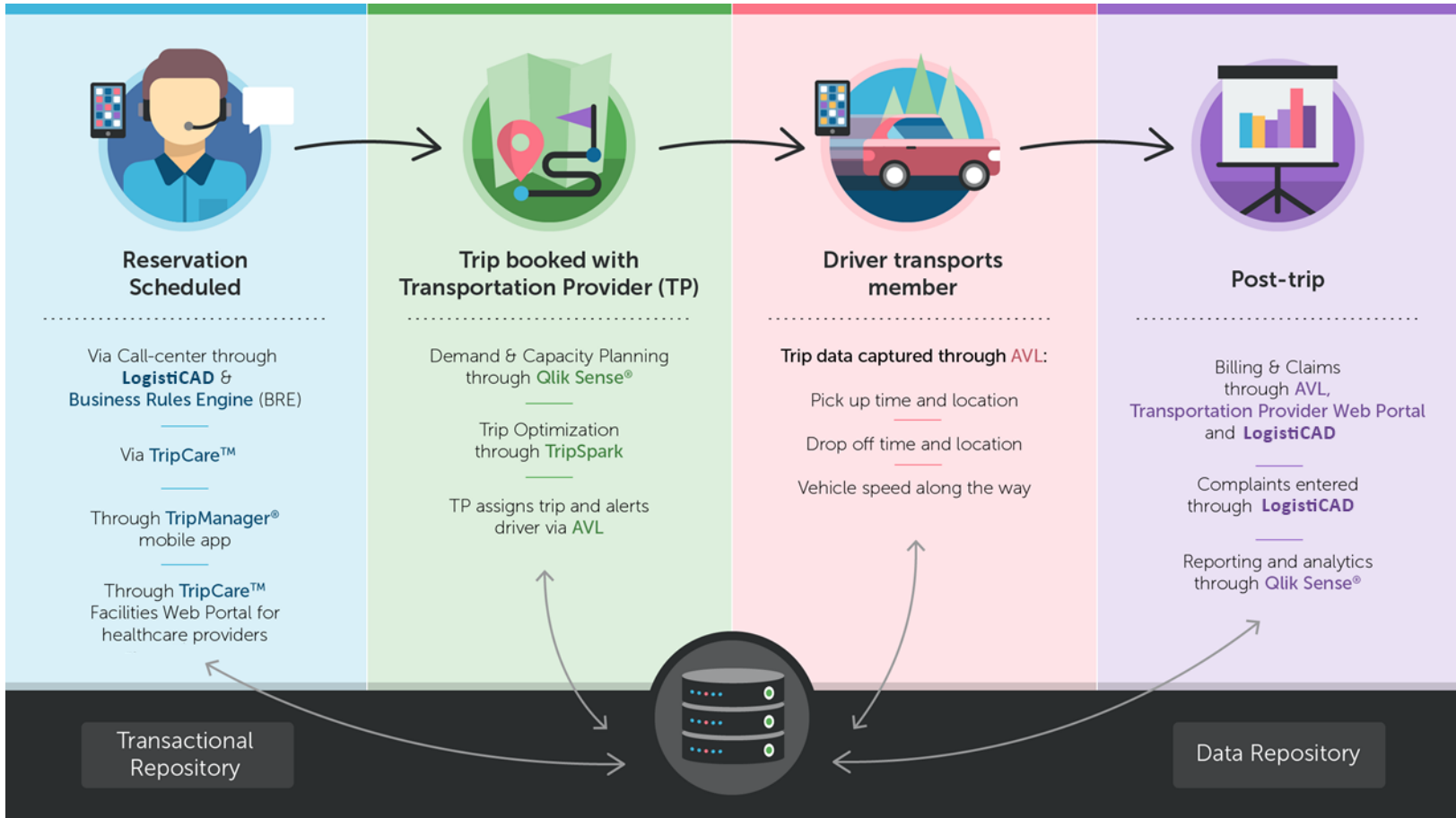
- ✓ Introduce LogistiCare
- ✓ Broker Model
- ✓ Program Overview
- ✓ Overview of Contracting Process
- ✓ Trip Distribution/Billing Web Portal Overview
- ✓ Safety Program
- ✓ Question and Answer period

LogistiCare By The Numbers



-  24 million members
-  Nearly 67 million trips
-  Responded to 30 million calls
-  238 contracts (State & MCO)
-  \$1.3 billion in revenue
-  For last 5 consecutive years
-  Only NEMT organization accredited in all operation centers and offices
-  Partnering organization

Business Model Overview



Broker Duties

- ✓ Operate a Call Center and take trip requests from clients, their families and/or their healthcare providers
- ✓ Assess their need for transportation
- ✓ Authorize/prior authorize transportation to a covered service
- ✓ Determine the level of service based on the client's health care needs
- ✓ Contract with a network of transportation providers and monitor their compliance with driver, vehicle, licensing and insurance requirements
- ✓ Schedule and assign trips to transportation provider
- ✓ Makes payments to the transportation provider promptly upon receipt of a properly completed and verified trip invoices in accordance with the contract between LogistiCare and the transportation provider and monitor their performance quality
- ✓ Coordinate and communicate with clients and other agencies
- ✓ Assign the trip to the most appropriate and least costly transportation provider available consistent with the needs of the participant

LogistiCare Contact Information

Hours of Operations:

Reservations are accepted Monday through Friday 8:00 am to 8:00 pm ET
with the exception of national holidays

Urgent/same day and/or hospital discharges are accepted 24/7/365

Ride Assistance accepted 24/7/365

◆ Member Reservations/Ride Assist:

◇ (844)-772-6632

◆ Hearing Impaired:

◇ (866)-288-3133

◆ Facilities Line:

(844)-788-9333

◆ Call Center/Operations Center:

◇ 127 Washington Avenue

◇ North Haven, CT 06473

◆ Toll Free Provider Line Information:

◇ Provider Line:(844)-788-9332

◇ Provider Fax: (855)-864-0973

◆ Local Indiana Office:

◇ 9245 N. Meridian Street, Suite 210

◇ Indianapolis, IN 46260

LogistiCare

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What is covered?

Transportation to a covered service provided by a network enrolled medical provider.

However there are exceptions including:

- Transportation initiated by dialing 911
- Transportation for educational purposes, with exceptions
- Vocational training with exceptions
- Transportation to attend amusement parks, sporting events, and other social functions
- Exceeding established geographical proximity limitations.

Examples of covered transportation

1. A discharge from the hospital
2. Transport to a physician to receive a medically covered service
3. Transport for a medical treatment like dialysis
4. Transportation for Waivered Services included in the treatment plan

What Levels of Service are covered?

1. Mass Transit
2. Ambulatory
 - Common Vehicle
 - Taxi
3. Mileage Reimbursement
4. Wheelchair-Specialized Medical Vehicles

What is urgent care?

1. It is an unscheduled episodic situation in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day.
2. Hospital discharges are considered as urgent care.
3. LGTC may verify with the direct provider of medical service that the need for urgent care exists.
4. Valid requests for urgent care transport shall be honored within three (3) hours of the time the request is made.

What is not urgent care?

1. It is not transport that requires an immediate response to take a member to the emergency room for evaluation of a new or suddenly worsening condition that threatens life or limb (e.g., *any sudden life threatening medical situation, significant trauma, comas, shock, uncontrolled bleeding, respiratory distress, poisoning, drug overdose or any situation where immediate medical relief or treatment is necessary.*)

Members should call 911 for transport in these circumstances.
2. It is not transport that someone forgot to schedule two business days in advance.

Will claims be paid if NEMT is not arranged through the Broker?

1. No, the transportation provider will not be paid. NEMT must be pre-arranged through the Broker.

Contracting

- Proof of DMV Registration/Inspection
- IHCP approval
- Required Licensing including taxi or Department of Revenue
- Agreement with all Exhibits
- Account Setup Form
- Provider Questionnaire
- After Hours Contact Information Sheet
- W-9
- Required Attachments
- Certificate of Insurance
- Driver information
- Vehicle information
- Vehicle Update Form
 - Year
 - Make
 - Model
 - Type
 - Ambulatory
 - Wheelchair
 - Stretcher
- License Plate Number
- Copy of Vehicle Registration
- Copy of Inspection Form

Contracting - Insurance

Insurance **Accord** must have the following:

Certificate of Insurance ("COI") auto at minimum **\$1,000,000.00** limit

Auto coverage must provide **"ANY AUTO"** coverage or **Symbol 2, 8 & 9**

General Liability Coverage at **\$1,000,000.00** limit ("Broad Form" coverage) required

Sexual Abuse and Molestation coverage at. **\$1,000,000.00**

COI must list **"LogistiCare Solutions, LLC"** as an additional insured **and** certificate holder

Workers Comp coverage as required by Indiana law

Driver/Attendant Performance Standard

- If a participant or other passenger's behavior or any other condition impedes the safe operation of the vehicle, the driver shall park the vehicle in a safe location out of traffic, notify the Provider, and request assistance.
- Drivers or attendants that receive two (2) or more complaints from participants within a five (5) business day period must not be utilized until a LGTC approved corrective action plan is implemented. All complaints shall be documented and if valid, become a part of the driver's or attendant's permanent record.

Transportation Provider Responsibilities

Administrative, Reservation Receipt and General Responsibilities

1. Transportation Provider shall receive trip reservations via fax or internet from LogistiCare each day. For urgent medical appointments, Transportation Provider shall accept telephone orders, (supplemented by a separate fax if requested) from LogistiCare.
2. Transportation Provider shall transport participants and escorts in accordance with the specifications of the reservations provided by LogistiCare and the terms of the Transportation Agreement. Transportation Provider may refuse to transport a participant who, upon consultation with LogistiCare, is determined to be a threat to the health, safety or welfare of either Transportation Provider's employees or other participants, or prevents or inhibits the vehicle from being operated in a safe manner.
3. When a "will call" return trip has been pre-authorized by LogistiCare, the Transportation Provider shall accept telephone calls from participants to give notification of the appropriate pick-up time. The Transportation Provider shall arrive within one (1) hour of the call that the member is ready

Transportation Provider Responsibilities

4. Transportation Provider shall inform LogistiCare of their inability or unwillingness to accept or complete an assignment at least 24 business hours prior to the date of service to allow LogistiCare to make alternative arrangements. This provision applies only to those trip reservations that are assigned to Transportation Provider at least 36 hours prior to the reservation pick-up time.
5. Transportation Provider shall establish and maintain both a telephone line and fax line for the use by LogistiCare to contact Transportation Provider. Fax lines shall be equipped with a fax machine. LogistiCare must be able reach a supervisor at all times during which Participants are in the Transportation Provider's vehicles. Drivers will be equipped with two-way communication (cell phone and/or 2-way radios).
6. Transportation Provider will ensure that all information obtained regarding Participants will be held in the strictest confidence and used only as required in the performance of Transportation Provider's obligations under such Agreements. Transportation Provider will comply with all confidentiality requirements of the Transportation Agreement and the Business Associated Agreement included therein.

What can the Transportation Providers do to help the system work smoothly?

1. Transportation Providers should inform LogistiCare in writing if address information or scheduled pick-up or appointment times are inaccurate.

2. Contact LogistiCare immediately, when there is reason to believe that a Participant should not be transported.
 - This notification should include Participant's name, job number and date, as well as the reason the transport is inappropriate. Such reasons may include:
 - a) Participant has access to transportation,
 - b) There is a closer medical provider available,
 - c) Participant is not being transported to a covered service, or
 - d) Participant is assigned to the wrong level of service (example: assigned to wheelchair or stretcher but Participant is able to walk).

Transportation Performance Standards

Quantifiable performance standards are an essential element of the NEMT program. Performance goals are used to measure the quality of delivered service and to target corrective action to achieve overall quality goals.

Each Transportation Provider is responsible for ensuring that their drivers meet these standards at all times. Proactive steps to maintain and verify compliance:

1. Transportation Providers should confirm pick-up and drop-off addresses when they confirm reservations the day or night before a scheduled trip to minimize delays that are attributable to bad addresses.
2. Transportation Providers should dispatch and route trips to promote the most efficient use of multiple-loaded vehicles and maximize vehicle utilization unless otherwise requested.

Transportation Performance Standards

3. Transportation Providers must train drivers in the proper use of communications equipment
4. Transportation Providers must inform Participants and medical providers/facilities of any delay of 15 minutes or more.
5. LogistiCare will engage with the Client to aggressively pursue continued no-show or late cancellations by Participants as these practices reduce the entire system's on-time performance.
6. Participant must agree in advance to any change in their pick-up time and this information must be submitted in advance to LogistiCare on a Schedule Change Form.

Provision of Passenger Assistance

Drivers or Attendants must/shall:

1. Exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and to provide assistance to or from the main door of the place of destination.
2. Assist the passengers in the process of being seated (fastening of the seat belts and securing child safety seats).
3. Confirm wheelchairs or cot/stretchers are properly secured prior to allowing any vehicle to proceed.
4. Refrain from touching any passenger outside of the requests mentioned above.
5. Provide support and verbal directions to passengers.
6. Will not be responsible for passenger's personal items.

Complaint Response Procedures

- Quality Assurance Department will notify transportation providers via fax or secure email when a complaint is filed against them.
- All complaints should be addressed within 48 hours of receipt.
- Failure to respond to the initial notice will lead to a final notice, which requires a response in 24 hours.
- If no response is received then the complaint will automatically become Valid and documented no response from provider.
- Failure to respond to complaints in a timely manner and with all required information will result in corrective action which can include Process Improvement Plan, liquidated damages and/or a reduction of trip volume.

Questions

Questions

APPENDIX

LogistiCare Experience

- ✓ Over 30 years experience in transportation including over 20 years of experience as a broker of NEMT
- ✓ Successfully operate in more diverse environments than any other broker
- ✓ More experience than any other organization in the country with successfully managing capitated NEMT projects, both large and small
- ✓ Contract retention rate – over 90% over the past 20 years
- ✓ Met all start-up dates, met or exceeded all contract obligations, and established positive partnerships and long lasting working relationships
- ✓ Consistently work to improve quality and access

Vehicle Update List



Please mail or fax a copy of the update form and documents to:

Mail: LogistiCare- Compliance Dept
Attn: Ga. Compliance Dept.
503 Oak Place Suite 550
Atlanta, GA 30349

Fax:

VEHICLE UPDATE FORM

For each vehicle, please provide the information listed below. A copy of registration and inspection should also be included as part of the submitted packet.

Provider Company Name: _____

Date: _____ Completed by: _____

V.LN	Add Update Delete	Year	Make	Model	*Type of Vehicle A/W/S	License Plate #	Vehicle Inspection Included?	Current Registration Included?	If Deleting, last day of use
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									

* Ambulatory, Wheelchair, or Stretcher

Driver/Attendant Update Form



401 Mall Blvd., Suite 202-A
Savannah, GA 31408

GEORGIA DRIVER APPROVAL FORM

****Drivers/Attendants will not be entered and cannot be used without a complete packet submitted and approved****

Provider Company Name: _____

Last Name	First Name	M.I.

Please initial all that apply to the packet
Change Start Date to: _____

	General Manager Signature

Office of the Inspector General (OIG)
Excluded Persons List Service (EPLS)


Driver's License (Must have current ga or neighboring state license)			
Driver must be 21 years of Age			
10 Panel Drug Screen (annual check required)			
Medical Review Officer			
Chain of Custody			
Physician's statement for positive tests due to prescribed medication			
Sex Offender Check (annual check required)			
Motor Vehicle Report (annual check required)			
5 year history			
No more than 3 moving violations or at fault accidents in past 2 years with points			
No DUI/DWI in the past 3 years and no suspensions ever			
Drivers may perform services for 1 (one) suspensions for non-payment of child support after restitution			
Criminal Background Check (annual check required)			
7 year National, State and County level Check			
No crimes of violence, substance abuse or sexual abuse			

Training			
CTAA Pass Basic			
Accept Other PASS			
CTAA Pass (for Wheelchair only)			
Accept Other WC Securement			
National Safety Council (NSC) First Aid / CPR / AED			
or American Red Cross First Aid and American Red Cross CPR			
Accept Other First Aid / CPR			
National Safety Council (NSC) Defensive Driving			
or Smith Defensive Driving			
Accept Other Defensive Driving			

For LogistiCare Use Only	
Date Received	
Date Sent Corporate	



Trip Access



HOME TRIPS BILLING REPORTS OTHER LOGOUT

LogistiCare Transportation Provider Training - Trip Download Logged in as Provider Test Acct - Casey Tillman

Trips can be downloaded for up to 8 days in the past and up to 5 days in the future. Select the date, mode and format of the trips you want to download.

Trip Date **18 Possible Trip Legs**

February 2012						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	1	2	3
4	5	6	7	8	9	10

87-A 87-B 89-A 89-B 90-A 90-B 99-A
99-B 100-A 100-B 103-A 103-B 105-A 105-B
110-A 110-B 113-A 113-B

Mode: Full Update Fixed Delimited

Format: Fixed Delimited

Download 2/15/2012 Trips

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Trip Printing

LogistiCare Transportation Provider Network

Magic Taxi

Trips for Wednesday, February 22, 2012

LogistiCare

08-39-A	** NEW **	OHCA - New Haven
09:30 FU	Pie, Pumpkin	Weight: Age: 95
	Facility	(302) 998-9615 x2510
	303 A St, Apt. 20, Bldg. C, Dover, DE 19904	
10:25 DO	Gambro Hithcare S Okc	Phy: (405) 681-2221
	5730 S May Ave, Oklahoma City, OK 73119	
LOG: ES	M W F	FCA: 0 AEsc: 0 CEsc: 0 Seats: 0 Miles: 0
08-26-A	** NEW **	OHCA - Pushmataha
10:15 FU	YORK, HENRY R	Weight: Age: 78
	Residence	(410) 123-4561
	400 S W First St, Antlers, OK 74523	
10:57 DO	Davita-Altus	Phy: (580) 482-1197
	205 S Park Ln, Altus, OK 73521	
LOG: A	M W F	FCA: 0 AEsc: 1 CEsc: 0 Seats: 0 Miles: 0
08-49-A	** NEW **	OHCA - Tulsa
10:15 FU	BEASTON, BELLE Y	Weight: Age: 57
	Residence	(641) 641-3912
	1345 South Dr, Oklahoma City, OK 73119-5062	
11:00 DO	Facility	Phy: (641) 328-3214
	1548 Ne 15th St, Oklahoma City, OK 73117-2622	
LOG: A	M W F	FCA: 0 AEsc: 0 CEsc: 0 Seats: 0 Miles: 8
	DO Dir: Dr. Barron	
08-23-B	** NEW **	OHCA - New Haven
10:30 FU	Pie, Pumpkin	Weight: Age: 95
	Gambro Hithcare S Okc	(405) 681-2221
	5730 S May Ave, Oklahoma City, OK 73119	
11:25 DO	Facility	Phy: (302) 998-9615 x2510
	303 A St, Apt. 20, Bldg. C, Dover, DE 19904	
LOG: ES	M W F	FCA: 0 AEsc: 0 CEsc: 0 Seats: 0 Miles: 0
08-39-B	** NEW **	OHCA - New Haven
10:30 FU	Pie, Pumpkin	Weight: Age: 95
	Gambro Hithcare S Okc	(405) 681-2221
	5730 S May Ave, Oklahoma City, OK 73119	
11:25 DO	Facility	Phy: (302) 998-9615 x2510
	303 A St, Apt. 20, Bldg. C, Dover, DE 19904	
LOG: ES	M W F	FCA: 0 AEsc: 0 CEsc: 0 Seats: 0 Miles: 0
08-36-A	** NEW **	OHCA - St Joseph
10:42 FU	Rider, Test	Weight: Age: 34
	Cancer Care Assoc-Muskogee	(800) 556-6056
	350 S 40TH ST, Muskogee (Muskogee), OK 74401	
11:42 DO	Davita Dialysis - Durant	Phy: (580) 920-0908
	411 Westside Dr, Durant (Bryan), OK 74701	
LOG: W	SMTWTF	FCA: 0 AEsc: 0 CEsc: 0 Seats: 0 Miles: 0

2/23/2012 11:08:09 AM 2 of 4

Trip Download

Microsoft Excel - LGTC_Trips_20120216_U[1]

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	OHCA	08-40-A	#####	A	LAWSON, MTWTF	Residence	1518 Hern				Hampton VA		23661 (757) 850-		1:15	Hillcrest L	2120 N Bro		
2	OHCA	08-36-A	#####	W	Poppins, TWT	Residence	23510 Poc				Damascus MD		20879 (301) 253-		3:30	Tulsa Spe	1612 S HA		
3	OHCA	08-34-A	#####	A	SMITH, A T T S	Residence	3100 Sheri				Tulsa OK		74104 (484) 232-		3:45	Davita-Ce	1124 S SAI		
4	OHCA	08-35-A	#####	W	Taylor, Eli T T S	Residence	33 Ne 121				Miami FL		33138 (305) 228-		4:00	Gambro U	925 NE 8T		
5	OHCA	08-50-A	#####	A	JOHANSEN T T S	Residence	1021 W Gr				Ponca City OK		74601 (555) 555-		6:45	Weston R	364 E Unic		
6	OHCA	08-34-B	#####	A	SMITH, A T T S	Davita-Ce	1124 S SAI				Tulsa (Osa OK		74120 (918) 585-		9:00	Residence	3100 Sheri		
7	OHCA	08-48-A	#####	A	SMITH, JO T T S	Residence	124 Prarie				Anadarko OK		73005 (727) 247-		9:00	Davita-Edi	50 S Baum		
8	OHCA	08-52-A	#####	A	SMITH, DA T T S	Residence	5415 S Sha#312				West Palm FL		73109 (405) 634-		9:45	Davita-Alt	205 S Park		
9	OHCA	08-41-A	#####	W	Rider, Tes SMTWTF S	Cancer Ca	350 S 40T				Muskogee OK		74401 (800) 556-		10:42	Davita Dia	411 Wests		
10	OHCA	08-50-B	#####	A	JOHANSEN T T S	Weston R	364 E Unic				Waterbur CT		6704 (888) 555-		12:00	Residence	1021 W Gr		
11	OHCA	08-47-A	#####	A	HARRIS, T MTWTF	Residence	2210 E Gre				Ann Arbor MI		48103 (313) 123-		13:01	Stillwater	1323 W 6t		
12	OHCA	08-36-B	#####	W	Poppins, TWT	Tulsa Spe	1612 S HA				Tulsa (Osa OK		74114 (918) 712-		13:45	Residence	23510 Poc		
13	OHCA	08-35-B	#####	W	Taylor, Eli T T S	Gambro U	925 NE 8T				Oklahoma OK		73117 (405) 236-		14:00	Residence	33 Ne 121		
14	OHCA	08-52-B	#####	A	SMITH, DA T T S	Davita-Alt	205 S Park				Altus OK		73521 (580) 482-		14:15	Residence	5415 S Sha#312		
15	OHCA	08-47-B	#####	A	HARRIS, T MTWTF	Stillwater	1323 W 6t				Stillwater OK		74074 (405) 742-		15:00	Residence	2210 E Gre		
16	OHCA	08-48-B	#####	A	SMITH, JO T T S	Davita-Edi	50 S Baum				Edmond (OK		73034 (405) 330-		15:15	Residence	124 Prarie		
17	OHCA	08-40-B	#####	A	LAWSON, MTWTF	Hillcrest L	2120 N Bro				Moore (CI OK		73160 (405) 794-		15:30	Residence	1518 Hern		
18	OHCA	08-41-B	#####	W	Rider, Tes SMTWTF S	Davita Dia	411 Wests				Durant (Br OK		74701 (580) 920-		0:00	Cancer Ca	350 S 40T		
19																			
20																			
21																			
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23																			
24																			
25																			
26																			
27																			

Trip Cancellations

LogistiCare

HOME TRIPS BILLING REPORTS OTHER LOGOUT

LogistiCare Transportation Provider Training -Cancels Logged in as Provider Test Acct - Casey Tillman

Select the cancellation reason and click the Cancel Trip button to cancel the trip. To leave the trip un-cancelled, use the Back button on the page.

Trip Date: 02/20/2012
Trip Number: 89
Trip Leg: A
Rider Name: Rider, Test
Pickup Time: 10:42
Pickup Location: 350 S 40TH ST Muskogee (Muskogee), OK
Cancel Reason: ---- Select Reason ----

- Select Reason ----
- Late Cancellation
- Reservation Switched To Gas Reimbursement
- Rider Drove Himself To Appointment
- Rider Has Died
- Rider Is In The Hospital
- Rider Is Sick**
- Rider is uncooperative or abusive, violent, safety risk
- Rider No Longer Goes to the healthcare Facility
- Rider No Show
- Rider Transported By Family Member Or Friend
- Rider Walked To Appointment
- Test Reason

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Trip Reroutes

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LogistiCare Transportation Provider Training -Reroutes Logged in as Provider Test Acct - Casey Tillman

Select the appropriate reroute reason and click the Reroute Trip button to reroute the trip. To leave the trip as it is, use the Back button on the page. All trip legs will be rerouted.

Trip Date: 02/27/2012
Trip Number: 63
Trip Leg: A
Rider Name: BEASTON, BELLE Y
Pickup Time: 10:15
Pickup Location: 1345 South Dr Oklahoma City, OK
Reroute Reason: ---- Select Reason ----
---- Select Reason ----
Not in Service Area
Wrong Service Level
Too many calls Select the Reroute Reason.

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Done Trusted sites 100%

Trip Billing-Trip Log

LogistiCare

GEORGIA DAILY TRIP LOG

Mail Invoices to:
LogistiCare GA Billing Dept.
503 Oak Place Suite 550
Atlanta, GA 30349

Provider Name: _____

WEEK ENDING: _____

DRIVER'S NAME (as it appears on drivers license) _____

Vehicle Number (Last six of the VIN) _____

Date of Service	LogistiCare Job # A or B	Recipient's Name	A W S	Pick-up Time	Drop-Off Time	Will Call Time	Total Trip Mileage	Per Trip Billed Amount	Recipient's Signature

****NOTE** Leg of transport** – a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip. Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. Pick-up and drop-off times **must** be documented **and** in military time.

Driver's Comments: _____

I understand that LogistiCare Solutions, LLC will verify the accuracy of the mileage being reported and I hereby certify the information herein is true, correct, and accurate.

DRIVER'S SIGNATURE: _____ ATTENDANT'S SIGNATURE: _____

LogistiCare

Benefits – Provider Relations Group

Discounted Compliance Testing

- ✓ MVR
- ✓ Criminal Background

Purchasing Discounts

- ✓ Vehicles
- ✓ Maintenance
- ✓ Tires
- ✓ Office Supplies
- ✓ Communications

Software

The logo for LogistiCare, featuring the company name in a green sans-serif font. The logo is positioned in the bottom right corner of the slide, above a decorative graphic of overlapping hexagons in various colors (blue, green, purple, orange).

Benefits – Purchasing Program/Training

COST COMPARISON

	<u>Market Price</u>	<u>LogistiCare Provider</u>
NSC DDC	\$ 45	\$15.00
NSC 1 st Aid	\$ 35	\$15.00
CTAA PASS Basic	\$ 45	\$15.00
CTAA PASS	\$500	\$50.00
	<u>Total \$625</u>	<u>Total \$95.00</u>

Ambulatory Drivers \$45 for complete training

WC-Stretcher Drivers \$95 for complete training

LogistiCare

Background Check Pricing



Occuscreen, LLC: Pricing State: Maine

Occuscreen, LLC offers the following pricing for Logisticare sub-contractors only. If you are not contracted with Logisticare, please contact Occuscreen, LLC directly for pricing and information on opening an account.

Drug Screen Pricing and Information		
Service	Cost	Notes
Urine Drug Screening:		
10-Panel Urine Drug Screen	\$23.00 (Quest or LabCorp)	Includes: Amphetamines Cocaine Marijuana Opiates PCP (Phencyclidine) Barbiturates Benzodiazepines Propoxyphene Methaqualone Methadone *Please note, using a collection site outside of the Quest or LabCorp Patient Service Centers will incur a 3 rd party collection fee (\$15+).
Medical Review Services		
Medical Review Officer	\$10.00	Available to verify positive drug screens (for non-DOT drug screens)
Criminal Background Screening Pricing and Information		
Service	Cost	Notes
Motor Vehicle Records Search	\$3.00 Plus State DMV fees	Information reported includes driving history, verification of driving privilege, identification verification with a physical description of the applicant provided by the state DMV. Turnaround: Varies by State
Screening Package (ME)	\$49.50-package \$7.00-DMV Fee Total: \$56.50/runner	SSN Trace National Criminal Database Search Motor Vehicle Records National Sex Offender Registry Search Maine Statewide (up to 2 names) *Package includes up to 2 names. *Any additional names/counties will be charged outside of the package Turnaround: 1-3 business days on average *Please note, DMV/fees are subject to change by state without notice. *Any hits in the National outside of Maine will be confirmed for an additional fee of \$8.00.

Clients are responsible for all fees once a disclosure form has been submitted by fax, email or via the online system.
For questions, please contact Occuscreen, LLC
888-833-9304 or operations@occuscreen.com

805 Broadway Street, Suite 215 Vancouver, WA 98660 USA - www.occuscreen.com - 888.833.5304 - 360.823.0950 - Fax 877.464.5656

Other Riders

An Escort or personal assistant may ride with a Participant at no extra charge. The Escort or personal assistant is expected to assist the patient and the driver as requested. Escorts, personal assistants and children must be scheduled when the Participant makes the trip reservation to confirm adequate space on the vehicle.