

November 29, 2005

TO: John Szerlag, City Manager

FROM: John M. Lamerato, Assistant City Manager / Finance and Administration  
 James Nash, Financial Services Director  
 Fire Chief William Nelson  
 Police Chief Charles Craft  
 Peggy Clifton, Human Resources Director  
 Stephen Cooperrider, Risk Manager  
 Jeanette Bennett, Purchasing Director

SUBJECT: **Agenda Item** – Approval of Designated Medical Service Facilities

**RECOMMENDATION**

City management recommends approval of the designated medical service facilities currently being used or with recommended changes for various medical services and emergencies:

Facility	Recommended By Department(s)	Services Provided	Pricing
Concentra Medical Center	Human Resources, Risk Management, and Fire Department	Pre-employment physicals (excluding Police Officer), work related injuries, back-up testing provider, worker's compensation cases, new firefighter physicals, return to work physicals, drug / alcohol testing	Prices for HR Physicals and work related injury treatment established by CMC Schedule  Cost - Fire Fighter's New Hire: \$244.50 to \$565.50*  Cost - FF Volunteer Post Incentive: \$291.08 to \$611.08* *\$320.00 Stress added or deleted depending upon FF
Beaumont Executive Health Service	Police Department	Police Officer Pre-employment Physicals	Prices range from \$850 to \$880/ physical New Quoted Price: \$500.00  <b>Recommend Change to Crittenton Hospital Due to Cost Savings:</b>  \$366.70 / physical
Crittenton Hospital	Police Department	TPOA Bi-annual Fitness Testing	Approved by: Res. #2003-11-591 \$690 / Male Officer \$665 / Female Officer  Currently Expires: 12/31/05 Extension: 12/31/06
Bio-Care	Risk Management, Police and Fire Departments	Haz-Mat Physicals, Medical Evaluations Fire Physicals and Biological Monitoring Screening	\$30 / Pulmonary Function Test \$15 / Medical Evaluation \$250 / FF Physical \$352 / FF Biological Monitoring Screening

### **CONCENTRA MEDICAL CENTER**

Although there are two Preferred Providers of Medical Services (PPOM) and Occupational Medical Facilities (OMF) in Troy (Henry Ford Medical Center and Concentra Medical Center), Concentra Medical Center has been the selected provider of choice since they staff an occupational doctor on site during City working hours. This provides immediate access by employees for job-related injuries, pre-employment physicals, and other medical services. Henry Ford Medical Center brings in their occupational doctor from Hamtramck on an appointment only basis that does not fit the City's service requirements.

PPOM's typically provide a 20%-25% discount on services provided for work related injuries. Occupational Medical Facilities offer a full range of testing and medical services that are in compliance with MIOSHA requirements. Since employees are regularly sent to the facility for various reasons, being within Troy's borders offers a savings in down-time and travel time.

### **BEAUMONT EXECUTIVE HEALTH SERVICE AND CRITTENTON HOSPITAL**

Beaumont Executive Health Service (BEHS) was designated as the provider of medical services for the City of Troy Police Department through a 1988 Police Officer's Association arbitration ruling. In 2001 through resolution #2001-07-379, BEHS was approved to conduct physical fitness tests and pre-test physicals. Due to this, BEHS was also used for pre-employment physicals. In 2003, through Resolution #2003-11-591, due to cost savings projections and agreement of the labor unions (allowable under the arbitration ruling), the physical fitness and pre-test physicals were moved to Crittenton Hospital.

The pre-employment physicals continued to be conducted at Beaumont since few officers were hired. The following chart shows the expenditures with BEHS that ballooned in the 2004-05 fiscal year due to the tremendous Police Department staff turnover.

YEAR	AMOUNT SPENT
2001-2002	\$1,459.45
2002-2003	\$1,480.00
2003-2004	\$4,030.00
2004-2005	\$16,300.00
7/1/05 to Present	\$0.00

**Due to projected cost savings and a consolidation of services, the Police Officer pre-employment physicals are to be moved to Crittenton Hospital with other required Police Department testing.**

### **BIO-CARE**

The Michigan Occupational Safety and Health Act mandates the City's Respiratory Protection Program for employees using respirators in the course of their duties. Bio-Care, Inc. was selected as the lowest cost provider through a quote process. Since 2001, they have held the quoted prices firm for Medical Evaluations and Pulmonary Function Testing. Recently Henry Ford Hospital has begun to provide services needed for Fire Department physicals and monitoring but their pricing is at least \$5 more per physical than Bio-Care.

### **BIO-CARE - continued**

Another attractive service offered by Bio-Care is the ability to come on-site to do testing. This is a real plus when dealing with the volunteer firefighters and employees from the DPW and P&R departments since downtime is at a minimum and there are no employee travel costs. Bio-Care services have been cost effective, efficient, convenient, and compliant with State and Federal requirements, while most importantly, maintaining strict confidentiality with regards to our employee's personal health information. The amount spent in the 2004-05 fiscal year was \$7,687.00 but could approach \$10,000 in future fiscal years.

### **GENERAL INFORMATION**

The amount spent at each facility varies greatly from year to year based upon the number of work related injuries, new hires, people leaving City of Troy service, and changes in regulations requiring additional testing. The Police Department experienced tremendous turnover in the 2004-05 fiscal year and a large turnover is projected for fiscal year 2005-06 also. Services provided to the Police Department that have historically not been over \$10,000 may be close to this amount in future fiscal years. Also, a minimal amount is spent annually at other medical facilities for special investigations drug testing, stress testing of volunteers, audiograms, and ambulance related emergencies where the employee is taken to the nearest full service hospital.

Prices at listed facilities are in accordance with previously established price lists and subject to adjustment with City of Troy approval.

### **BUDGET**

Funds are budgeted in each department's operating budget to cover these expenses.

<b>CRITTENTON HOSPITAL</b> <b>MEDICAL CENTER</b>
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Caring Professionals Committed to Excellence

April 13, 2005

Sgt. Don Ostrowski  
 Troy Police Department  
 500 West Big Beaver Road  
 Troy, MI 48084

Dear Sgt. Ostrowski,

I have completed the review and established a rate for your "new hire examinations". We have determined due to the length and complexity of these exams they will be performed at our executive physical suite on Livernois. Listed below is the entire exam and the cost. The date of this agreement will be May 1, 2005 thru December 31, 2006. At the end of the term pricing will be reviewed based on our costs and volume. Please review and call me with any needs or questions. Again, I thank you for allowing me the pleasure of providing services to you, your officers and look forward to meeting your needs for years to come.

<i>Basic Physical Exam</i>	<i>\$30.00</i>
<i>Basic Blood Panel (Occ-Med Profile)</i>	<i>\$34.95</i>
<i>Urine Analysis</i>	<i>\$15.00</i>
<i>Hepatitis B Screen (Anti-HB Coreigm)</i>	<i>\$34.75</i>
<i>HIV Screen</i>	<i>\$45.00</i>
<i>TB Skin Test</i>	<i>\$12.00</i>
<i>Chest X ray</i>	<i>\$50.00</i>
<i>Lumbar X ray</i>	<i>\$50.00</i>
<i>Hearing Test (Audiometry)</i>	<i>\$20.00</i>
<i>Vision Test (Titmus)</i>	<i>\$15.00</i>
<i>Tetanus Vaccination</i>	<i>\$15.00</i>
<i>PFT</i>	<i>\$45.00</i>
 <i>Total Exam Rate:</i>	 <i>\$366.70</i>

Yours truly,



Oren D. Jackson  
 Account Executive

**CRITTENTON HOSPITAL  
MEDICAL CENTER**

Caring Professionals Committed to Excellence

April 14, 2005

Sgt. Don Ostrowski  
Troy Police Department  
500 West Big Beaver Road  
Troy, MI 48084

Dear Sgt. Ostrowski,

I want to first of all thank you for interest in our program. It is our pleasure to service you and your officers for another year with medical services. I have reviewed your current program for "Annual Examinations". The current negotiated rates will be extended for another year to begin May 1, 2005. The agreement will end December 31, 2006. At that time, we will review the rate based on our costs and volume. The rate for the exams will continue to be \$690.00 for Male officers and \$665.00 for Female officers. Scheduling and all other procedures will remain the same throughout the entirety of the contract.

Please call me if there are any deletions or additions needed for this agreement. We look forward to serving the needs of the Troy Police Department for many years to come.

Sincerely,

  
Oren D. Jackson  
Account Executive

**F-3 Sole Source – GPS Trackers and Related MAPX Software**

Resolution #2003-11-590  
Moved by Beltramini  
Seconded by Stine

WHEREAS, Geonautics International is the sole source provider of the proprietary GPS Tracking System and related MAPX software; and

WHEREAS, Geonautics has provided software and hardware for both the City of Troy and Oakland County which assist in many joint investigations.

NOW THEREFORE, BE IT RESOLVED, That MAPX software and related GPS Trackers be **PURCHASED** as an addition to the City of Troy’s surveillance system from Geonautics International, the sole source provider, at an estimated cost of \$21,569.00.

Yes: All-5  
No: None  
Absent: Pryor, Eisenbacher

**F-4 Bid Waiver – TPOA Physical Examinations**

Resolution #2003-11-591  
Moved by Howrylak  
Seconded by Broomfield

WHEREAS, As a result of a 1988 Troy Police Officers Association/City of Troy arbitration ruling, physical fitness tests and pre-test physicals for the City of Troy Police Officers are required every two years, with all costs being absorbed by the City; and

WHEREAS, A City/Union Joint Committee selected Crittenton Hospital to conduct the physicals and testing;

NOW, THEREFORE, BE IT RESOLVED, That a contract to conduct physicals and related testing is hereby **AWARDED** to Crittenton Hospital for an estimated annual cost of \$61,437.00, at unit prices provided in the pricing schedule identified as Attachment A dated November 5, 2003, which expires December 31, 2005, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

Yes: All-5  
No: None  
Absent: Pryor, Eisenbacher

**F-5 Contract Ratification – AFSCME (Hourly Employees) and City of Troy**

Resolution #2003-11-592

historic church and parsonage located at 90 and 110 East Square Lake Road is awarded to Gerald J. Yurk Associates, Inc., for an amount not to exceed \$56,400.00; and

BE IT FURTHER RESOLVED, That an amount of \$5,640.00 be approved to cover reimbursable expenses and additional unforeseen work.

Yes: All-7

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**F-4 Bid Waiver – Contract Extension – TPOA Physical Examinations**

Resolution #2001-07-379

Moved by Pallotta

Seconded by Kaszubski

WHEREAS, As a result of a 1988 Troy Police Officers Association/City of Troy arbitration ruling, physical fitness tests and pre-test physicals for the City of Troy Police Officers are required every two years, with all costs being absorbed by the City; and

WHEREAS, A City/Union Joint Committee selected William Beaumont Executive Health Service to conduct the pre-test physicals; and

WHEREAS, A waiver of bids was approved by the Troy City Council for 1997-98 testing (Resolution #97-736-C-7) and again for 1999-00 (Resolutions #2000-19 and #2000-118-E-5); and

WHEREAS, The 2001-02 testing will commence in accordance with the arbitration ruling which requires a two year testing frequency;

NOW, THEREFORE, BE IT RESOLVED, That formal bidding procedures are hereby waived and a contract to conduct pre-test physicals is hereby awarded to William Beaumont Executive Health Service at unit prices provided in the Pricing Schedule dated July 1, 2001 (Attachment A), a copy of which shall be attached to the original Minutes of this meeting at an estimated total cost of \$69,000.00.

Yes: All-7

## SERVICE AGREEMENT

Bio-Care, Inc. (service provider) agrees to provide medical services to Troy SRU Team, Troy, Michigan (Company) in accordance with the terms and conditions stated herein on 1-10-2005

**SERVICES:** Service Provider will provide the following: *Volume*                      *At a cost of:*

A)     *Physical Examination Program*                      (     )                      *250.00 each*

(Physical examination includes the following tests; physical, medical history, *PSA screening (in*  
*and sit test)* HRA, vitals, blood panel, urinalysis, vision, pulmonary study, audiogram, 12 lead ekg,  
 and one view chest study . Personal and corporate reports are included in this program)

B)     *Biological Monitoring Screening*                      (     )                      *\$352.00 each*

Breakdown of Biological Monitoring Screening

- \_\_\_ Heavy Metal Screening    \$ 70.00 each
- \_\_\_ Isocyanate Profile    \$ 50.00 each
- \_\_\_ Aromatic Solvent Profile    \$ 100.00 each
- \_\_\_ Polychlorinated BiPhenyl's ( PCB)                                      \$ 80.00 each
- \_\_\_ Cholenesterase (RBC)    \$ 52.00 each

**Select Additional Services (Authorize by initialing service)**

- \_\_\_ Tuberculosis Screening    (     )                      \$15.00 each
- \_\_\_ Prostate specific antigen screening                                      (     )                      \$25.00 each
- \_\_\_ Hepatitis C Antibody Screening                                      (     )                      \$65.00 each
- \_\_\_ Hepatitis B Antibody Screening                                      (     )                      \$35.00 each

(Prostate specific antigen screening for males 40 and older or medical/family history indicated)

**Minimum Daily Charge: N/A** Based upon the testing volumes indicated above, it is expected that at a minimum 75% of expected test volumes will be available at the scheduled date and times. In the event that the test volume falls below the 75% level, the company will be invoiced a minimum daily charged based upon 75% of testing services and volume.

**CONDITIONS:** Company will be provided with a schedule for testing with all necessary medical history questionnaire forms. The company will be responsible to ensure that the employees are available for testing at their appointed times and ready for testing. Bio-Care will provide all necessary testing equipment and testing adapters. The Company will provide any necessary masks for testing.

Employees will receive their examination reports within 30 days from testing date. The administration will receive status for duty within 30 days from examination date.

**TERMS:**                      The period of this agreement shall be from 01-10-2005 through 12-31-2005. Scheduling for February, 2005.

9/23/2004

TO : Paul Firth

FROM: Rachel Piacentini  
Center Administrator

Quote for City of Troy Fire Department.  
Physicals for Volunteer Post Incentive Fire Fighters

Physical	\$28.00
Audiometry	\$18.00
Pulmonary Function Testing	\$33.00
Chest X-Ray (2 Views)	\$44.00
EKG (12 Lead)	\$43.00
CBC with Diff. Blood	\$24.60
Blood Chemistry 23 screen	\$54.50
Prostate Specific Antigen (PSA)	\$45.98
BMI	\$00.00
Stress EKG	\$320.00

Protocol notes to state – Stress EKG recommended if BMI is abnormal. Call Lt Paul Firth at 248-526-2651 for authorization for Stress EKG.

NOTE : The physical will include:

Vital signs  
Body Measurement (Height Weight)  
Dermatological (skin) system  
Cardiovascular System  
Respiratory System  
Gastrointestinal System  
Genitourinary System  
Endocrine and Metabolic Systems  
Neurological System  
HEENT (Head ,Ears, Eyes, Nose, Throat)  
Urinalysis, (dip stick)

9/23/2004

TO : Paul Firth

FROM: Rachel Piacentini  
Center Administrator

Recommended Changes for Fire Fighter New Hire Physicals

Maintain the following Protocols

Non Regulated UDS	\$40.50
Physical	\$28.00
Pulmonary Function Test	\$33.00
Chest X-Ray (2 Views)	\$44.00

Changes

Remove back X-ray and replace with Human Performance Evaluation (HPE)	\$56.00
Add Audiogram	\$18.00
Add EKG (12Lead)	\$43.00
BMI	\$00.00
Stress EKG	\$320.00

Protocol notes to state – Stress EKG recommended if BMI is abnormal. Call Lt Paul Firth at 248-526-2651 for authorization for Stress EKG.

**Employer Account**

Detroit Market

CONCENTRA PRICING

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48084	<b>City, State, Zip:</b> TROY, MI 48084
<b>Primary Contact:</b> Steve Cooperider	<b>SIC Code</b>
<b>Contact Phone:</b> (248) 526-5127 Ext:	Suspense Employer
<b>Contact Fax:</b> (248) 526-5129	Is Employer Subscriber
<b>Contact Role:</b>	<b>Employer Tax ID:</b>

- Print Drugstore
- Print RX
- COD Required

**Employer Notes:** DO NOT BUILD ON THE FLY. IF ANY PATIENT COMES IN WITH EXTREMELY SERIOUS INJURY ( E.G. SERIOUS HEAD TRAUMA, CHEST PAIN, ETC.) REFER IMMEDIATELY TO BEAUMONT HOSPITAL.

**Program:** Meadowbrook Ins. Group - Bill Ins.

**Program Notes:**

**Auto Communication Definition:**

Case Type	Service Type	Form/Report	Delivery Method	Contact	Destination	Email File Type	Contact Email	Contact Fax Number
Non-Injury	Initial & Recth	Non-Injury Activity Status	E-Mail	Human Resources	*City of Troy	TXT	humanresources@ci.troy.mi.us	248-619-7267
W/C Injury	Cancelled/Mis	Employer No Snow Lette	E-Mail	Steve Cooperider	*City of Troy	TXT	cooperris@ci.troy.mi.us	248-526-5129
W/C Injury	Initial	First Notice of Injury Lett	E-Mail	Steve Cooperider	*City of Troy	TXT	cooperris@ci.troy.mi.us	248-526-5129
W/C Injury	Initial & Recth	Injury Activity Status Rep	E-Mail	Steve Cooperider	*City of Troy	TXT	cooperris@ci.troy.mi.us	248-526-5129
W/C Injury	Initial & Recth	Patient Referral Report	E-Mail	Steve Cooperider	*City of Troy	TXT	cooperris@ci.troy.mi.us	248-526-5129

**Relationship Notes**

**Association Name:** Choicepoint/National Safety Alliance  
 PO Box 17920  
 NASHVILLE, TN 37217  
**Notes:** DS collects to \$12/BAT's to \$15/noted 12-23-01/ta

**Association Name:** City of Troy  
 500 W Big Beaver  
 TROY, MI 48084  
**Notes:** If Steve Cooperider is on vacation contact Jeff Oberski on all initial injury's at 248-526-5128.

**Association Name:** Meadowbrook Ins. Group - Bill Ins.

**Notes:** carrier is Mi Mutual League

## Employer Account

### Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48084	<b>City, State, Zip:</b> TROY, MI 48084

**Employer Relations:**

<b>City of Troy Location</b>	<b>City of Troy Location</b>	<b>City of Troy Location</b>
<b>Billing Address:</b> 500 W Big Beaver TROY, MI 48084	<b>Billing (Injury):</b> Risk Management	<b>Billing (Non Injury):</b> Risk Management
<b>Primary Contact:</b> Steve Cooperrider	<b>Contact Phone:</b> Ext:	<b>Contact Phone:</b> Ext:
<b>Contact Phone:</b> (248)526-5127 Ext:	<b>Contact Fax:</b>	<b>Contact Fax:</b> Ext:
<b>Contact Fax:</b> (248)526-5129	<b>Contact Role:</b>	<b>Contact Role:</b>

<b>Choicepoint/National Safety Alliance Lab/Non-Injury TPA</b>	<b>Choicepoint/National Safety Alliance Lab/Non-Injury TPA</b>	<b>Choicepoint/National Safety Alliance Lab/Non-Injury TPA</b>
<b>Billing Address:</b>	<b>Billing (Injury):</b> Accounts Payable	<b>Billing (Non Injury):</b> Accounts Payable
<b>Primary Contact:</b> Accounts Payable	<b>Contact Phone:</b> (800)992-2672 Ext:	<b>Contact Phone:</b> (800)992-2672 Ext:
<b>Contact Phone:</b> (800)992-2672 Ext:	<b>Contact Fax:</b>	<b>Contact Fax:</b> Ext:
<b>Contact Fax:</b>	<b>Contact Role:</b>	<b>Contact Role:</b>

<b>Meadowbrook Ins. Group - Bill Ins. Program</b>	<b>Meadowbrook Ins. Group - Bill Ins. Program</b>	<b>Meadowbrook Ins. Group - Bill Ins. Program</b>
<b>Billing Address:</b>	<b>Billing (Injury):</b> Sherie Demarest	<b>Billing (Non Injury):</b> Sherie Demarest
<b>Primary Contact:</b> Sherie Demarest	<b>Contact Phone:</b> (248)204-8099 Ext:	<b>Contact Phone:</b> (248)204-8099 Ext:
<b>Contact Phone:</b> (248)204-8099 Ext:	<b>Contact Fax:</b>	<b>Contact Fax:</b> Ext:
<b>Contact Fax:</b>	<b>Contact Role:</b>	<b>Contact Role:</b>

**Protocol: New Hire Physical-Laborer Employer**

**Protocol Notes:** Lab is ATN. MRO:Dr Baber/NSA. COCs, kits and shippers are on site at Troy  
 Fax copy of COC upon completion of collection to NSA @ 865-262-8693  
 Mail all paperwork to Steve Cooperrider.

MRO on positives only

<b>Component:</b> DOT Pre-Placement	\$20.50
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Lumbar Spine - 2 Views	\$30.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

## Employer Account Detroit Market

Employer Name: City of Troy	Phone: (248) 526-5127
Phys Address: 500 W Big Beaver	Mail Address: 500 W Big Beaver
City, State, Zip: TROY, MI 48064	City, State, Zip: TROY, MI 48064

**Protocol: New Hire Physical-Laborer Employer**

**Protocol Notes:** Lab is ATN. MRO:Dr. Eaber/NSA. COCs, kits and shippers are on site at Troy  
 Fax copy of COC upon completion of collection to NSA @ 866-262-8693  
 Mail all paperwork to Steve Cooperider.

MRC on positives only

Component: Reg Collect UDS - Pre-Placement	\$12.00
Bill To: Lab/Non-Injury TPA	
Choicepoint/National Safety Alliance	
Phone (800)992-2672 Fax	

**Protocol: Drug Screen & Breath Alcohol-Driver Employer**

**Protocol Notes:** COCs, kits and shippers are on site at Troy  
 On random, post accident, reasonable cause use employee's ID#. NEVER ask for SS#.  
 Mail CCF to MRO-Choicepoint Stuart Hoffman 5900 Wilshire Blvd. Ste 2200 Los Angeles, CA 90036 Fax - CCF to 866-355-1297

Component: Breath Alcohol Test	\$15.00
Bill To: Lab/Non-Injury TPA	
Choicepoint/National Safety Alliance	
Phone (800)992-2672 Fax	

Component: Regulated Collect UDS	\$12.00
Bill To: Lab/Non-Injury TPA	
Choicepoint/National Safety Alliance	
Phone (800)992-2672 Fax	

# Employer Account

Detroit Market

Employer Name: City of Troy Phone: (248) 526-5127  
 Phys Address: 500 W Big Beaver Mail Address: 500 W Big Beaver

City, State, Zip: TROY, MI 48084 City, State, Zip: TROY, MI 48084

**Protocol: Recertification-Driver Employer**

Protocol: PI Pay  
 Notes: No authorization required!!!  
 Mail all paperwork to Steve

Component: DOT Recertification \$20.50  
 Bill To: Patient  
 Patient  
 Phone Fax

**Protocol: Injury Care Employer**

Protocol Notes: Claims Adjustor: Sherie Demares: 248-204-8099.  
 Call company on ALL injuries!! Modified duty available, discuss restrictions with Steve  
 Job description book at Troy.  
 All rechecks MUST be scheduled at Troy...Fax complete chart to Troy Center at checkout 248-524-3901  
 Call claims adjuster at Meadowbrook 800-482-0626 for specialist & PT authorization.  
 Preferred provider network to be used: PPOM.  
 No referrals to Express Dental Care Network pt's should be sent to their own Dentist or a local Dentist if pt does not have one.

Component: Injury Care \$0.00  
 Bill To: W/C Insurance Carrier  
 Meadowbrook Claims  
 Phone (248)358-1100 Fax (248)358-3251

# Employer Account

Detroit Market

Employer Name: City of Troy  
Phys Address: 500 W Big Beaver

Phone: (248) 526-5127  
Mail Address: 500 W Big Beaver

City, State, Zip: TROY, MI 48064

City, State, Zip: TROY, MI 48064

**Protocol:** Hep B Vaccine-1st Injection

**Employer**

**Protocol Notes:** Per Steve Cooperrider at City of Troy-- employees are NOT to ever start the Hep B series over, just pick up where they left off. City of Troy MAY request a Hep B booster and then titer on those employees at a later date.

**Component:** Hep B Vaccine - 1st Injection

\$63.00

**Bill To:** Employer

City of Troy

Phone (248)526-5127 Fax (248)526-5129

**Protocol:** Hep B Vaccine-2nd Injection

**Employer**

**Protocol Notes:** Per Steve Cooperrider at City of Troy-- employees are NOT to ever start the Hep B series over, just pick up where they left off. City of Troy MAY request a Hep B booster and then titer on those employees at a later date.

**Component:** Hep B Vaccine - 2nd Injection

\$63.00

**Bill To:** Employer

City of Troy

Phone (248)526-5127 Fax (248)526-5129

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver

<b>City, State, Zip:</b> TROY, MI 48084	<b>City, State, Zip:</b> TROY, MI 48084
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**Protocol:** **Hep B Vaccine-3rd Injection** **Employer**

**Protocol Notes:** Per Steve Cooperrider at City of Troy-- employees are NOT to ever start the Hep B series over, just pick up where they left off. City of Troy MAY request a Hep B booster and then titer on those employees at a later date.

<b>Component:</b> Hep B Vaccine - 3rd Injection	\$63.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

**Protocol:** **Hep B Titer** **Employer**

**Protocol Notes:**

<b>Component:</b> Hepatitis B Titor	\$60.75
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

Employer Name:	City of Troy	Phone:	(248) 526-5127
Phys Address:	500 W Big Beaver	Mail Address:	500 W Big Beaver
City, State, Zip:	TROY, MI 48064	City, State, Zip:	TROY, MI 48064

**Protocol:** Rabies Vaccine **Employer**  
**Protocol Notes:**

**Component:** Rabies Vacc (per Inj) 1of 3 Injs \$295.00  
**Bill To:** Employer  
 City of Troy  
 Phone (248)526-5127 Fax (248)526-5129

**Protocol:** New Hire Physical **Employer**  
**Protocol Notes:** Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive DYS results then mail.  
 Additional contact: Jonathan Makela  
 MRO on positives only

**Component:** Non Regulated UDS \$40.50  
**Bill To:** Employer  
 City of Troy  
 Phone (248)526-5127 Fax (248)526-5129

**Component:** Physicals - Pre-Placement \$28.00  
**Bill To:** Employer  
 City of Troy  
 Phone (248)526-5127 Fax (248)526-5129

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

**Protocol:** New Hire Physical-Police Service Aide **Employer**

**Protocol Notes:** Mail all paperwork to Jeanette.  
 10 Panel -Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Makola.

MRO on positives only

<b>Component:</b> Lumbar Spine - 2 Views	\$30.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Non Regulated UDS - Pre-Placement	\$40.50
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Physicals - Pre-Placement	\$28.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> PPD (Mantoux)	\$16.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

## Employer Account

### Detroit Market

Employer Name: City of Troy	Phone: (248) 526-5127
Phys Address: 500 W Big Beaver	Mail Address: 500 W Big Beaver
City, State, Zip: TROY, MI 48084	City, State, Zip: TROY, MI 48084

**Protocol:** Summer Laborer-Returning **Employer**

**Protocol Notes:** Mail all paperwork to Jeanette.  
DO NOT CALL WITH D/S RESULTS! MAIL ONLY!

MRO on positives only

Component: Back Evaluation	\$18.00
Bill To: Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129
Component: Non Regulated UDS	\$40.50
Bill To: Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129
Component: Physical Exam	\$28.00
Bill To: Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

**Protocol:** New Hire Physical-Lifeguard **Employer**

**Protocol Notes:** Hep B vaccine series if requested  
Mail all paperwork to Jeanette.  
Call Jeanette or Jonathan with positive D/S results then mail.  
Additional contact: Jonathan Makela.

MRO on positives only

Component: Hep B Vaccine - 1st Injection	\$63.00
Bill To: Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

## Employer Account Detroit Market

Employer Name: City of Troy	Phone: (248) 526-5127
Phys Address: 500 W Big Beaver	Mail Address: 500 W Big Beaver
City, State, Zip: TROY, MI 48084	City, State, Zip: TROY, MI 48084

**Protocol:** New Hire Physical-Lifeguard **Employer**

**Protocol Notes:** Hep B vaccine series if requested  
 Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Mekela.

MRO on positives only

<b>Component:</b>	Lumbar Spine - 2 Views	\$30.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Non Regulated UDS	\$40.50
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Physicals - Pre-Placement	\$28.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	

**Protocol:** Lifeguard-Returning **Employer**

**Protocol Notes:** Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Mekela.

MRO on positives only

<b>Component:</b>	Back Evaluation	\$18.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

**Protocol:** Lifeguard-Returning **Employer**

**Protocol Notes:** Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Makela.  
 MRO on positives only

<b>Component:</b> Non Regulated UDS	\$40.50
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

<b>Component:</b> Physical Exam	\$28.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

**Protocol:** New Hire Physical-Volunteer Firefighter **Employer**

**Protocol Notes:** 10 Panel  
 ATN  
 Additional contact: Jonathan Makela.  
 Mail results to Jeanette Manig  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 MRO on positives only

<b>Component:</b> Chest X-ray 2 view	\$44.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

<b>Component:</b> Lumbar Spine - 2 Views	\$30.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48084	<b>City, State, Zip:</b> TROY, MI 48084

**Protocol:** New Hire Physical-Volunteer Firefighter **Employer**

**Protocol Notes:** 10 Panel  
 ATN  
 Additional contact: Jonathan Makela.  
 Mail results to Jeanette Menig  
 Call Jeanette or Jonathan with positive D/S results then mail.

MRO on positives only

<b>Component:</b> Non Regulated UDS - Pre-Placement	\$40.50
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Physicals - Pre-Placement	\$28.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Pulmonary Function Test	\$33.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

**Protocol:** New Hire Physical-Pre-School Teacher **Employer**

**Protocol Notes:** Hep B Series if requested  
 Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Makela.

MRO on positives only

<b>Component:</b> Hep B Vaccine - 1st Injection	\$63.00
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127 Fax (248)526-5129	

## Employer Account Detroit Market

Employer Name: City of Troy	Phone: (248) 526-5127
Phys Address: 500 W Big Beaver	Mail Address: 500 W Big Beaver
City, State, Zip: TROY, MI 48064	City, State, Zip: TROY, MI 48084

**Protocol:** New Hire Physical-Pre-School Teacher **Employer**

**Protocol Notes:** Hep B Series if requested  
 Mail all paperwork to Jeanette.  
 Call Jeanette or Jonathan with positive D/S results then mail.  
 Additional contact: Jonathan Makela.

MRO on positives only

<b>Component:</b>	Non Regulated UDS	\$40.50
<b>Bill To:</b>	Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Physicals - Pre-Placement	\$28.00
<b>Bill To:</b>	Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	PPD (Manitou)	\$16.00
<b>Bill To:</b>	Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	

**Protocol:** Return to Work **Employer**

**Protocol Notes:** Mail all paperwork to Steve

<b>Component:</b>	Return to Work	\$28.00
<b>Bill To:</b>	Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

**Protocol:** New Hire Physical-Driver-Pt Pay **Employer**  
**Protocol Notes:** Mail all paperwork to Stove  
MRO on positives only

<b>Component:</b> DCT Pre-Placement	\$20.50
<b>Bill To:</b> Patient	
Patient	
Phone	Fax
<b>Component:</b> Non Regulated UDS	\$40.50
<b>Bill To:</b> Patient	
Patient	
Phone	Fax

**Protocol:** New Hire Drug Screen **Employer**  
**Protocol Notes:** 10 Panel Drug Screen  
Results to Jeanette Menig.  
Call Jeanette or Jonathan with positive D/S results then mail.  
MRO on positives only

<b>Component:</b> Non Regulated UDS - Pre-Placement	\$40.50
<b>Bill To:</b> Employer	
City of Troy	
Phone (248)526-5127	Fax (248)526-5129

# Employer Account

Detroit Market

Employer Name: City of Troy  
Phys Address: 500 W Big Beaver

Phone: (248) 526-5127  
Mail Address: 500 W Big Beaver

City, State, Zip: TROY, MI 48064

City, State, Zip: TROY, MI 48084

Protocol: **Back X-Ray**

**Employer**

Protocol  
Notes:

Component: Lumbar Spine - 3 Views

\$63.00

Bill To: Employer

City of Troy

Phone (248)526-5127

Fax (248)526-5128

Protocol: **Breath Alcohol**

**Employer**

Protocol Notes: On random, post accident, reasonable cause use employee's ID#. NEVER ask for SS#.

Component: Breath Alcohol Test

\$15.00

Bill To: Employer

City of Troy

Phone (248)526-5127

Fax (248)526-5129

# Employer Account

Detroit Market

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<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

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**Protocol:** Audio **Employer**  
**Protocol Notes:**

**Component:** Audiogram \$18.00  
**Bill To:** Employer  
City of Troy  
Phone (248)526-5127 Fax (248)526-5129

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**Protocol:** Hep B Booster **Employer**

**Protocol Notes:** If an employee comes in claiming that they have already had the Hep B series in the past, per Steve Cooperrider they are to get a booster and later a Hep B titer. It is to be performed in that order. If you are unsure call Steve Cooperrider at City of Troy

**Component:** Hep B Vaccine - Booster \$63.00  
**Bill To:** Employer  
City of Troy  
Phone (248)526-5127 Fax (248)526-5129

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# Employer Account

Detroit Market

Employer Name: City of Troy Phone: (248) 526-5127  
 Phys Address: 500 W Big Beaver Mail Address: 500 W Big Beaver

City, State, Zip: TROY, MI 48084 City, State, Zip: TROY, MI 48084

**Protocol: Post Incentive-Fire Fighters Employer**

Protocol Special Testing = BMI

Notes: STRESS EKG RECOMMENDED IF BMI IS ABNORMAL. CALL LT. PAUL FIRTH AT 248-526-2651 FOR AUTHORIZATION FOR STRESS EKG.

Component:	Audiogram	\$18.00
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	OBC w/diff	\$24.80
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	Chem 23/CHD/CHOL/CBD-ABS/RUA	\$64.50
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	Chest X-ray 2 view	\$44.00
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	EKG	\$43.00
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	Lumbar Spine - 2 Views	\$30.00
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
Component:	Physical Exam	\$28.00
Bill To:	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

Employer Name:	City of Troy	Phone:	(248) 526-5127
Phys Address:	500 W Big Beaver	Mail Address:	500 W Big Beaver
City, State, Zip:	TROY, MI 48064	City, State, Zip:	TROY, MI 48064

**Protocol:** Post Incentive-Fire Fighters **Employer**

**Protocol** Special Testing = BMI

**Notes:** STRESS EKG RECOMMENDED IF BMI IS ABNORMAL. CALL LT. PAUL FIRTH AT 248-526-2651 FOR AUTHORIZATION FOR STRESS EKG.

<b>Component:</b>	Prostatic Specific Antigen	\$45.88
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Pulmonary Function Test	\$33.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Special Examination	\$0.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b>	Stress EKG	\$320.00
<b>Bill To:</b>	Employer	
	City of Troy	
	Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

**Protocol:** Summer Laborer-New **Employer**

**Protocol Notes:** This protocol is for DOT medical card only.  
 Lab is ATN - 10 panel DS Results to Jeanette Menig. Call Jeanette or Jonathan with positive DS results then mail MRO on positives only

<b>Component:</b> DOT Pre-Placement	\$20.50
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Lumbar Spine - 2 Views	\$30.00
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Non Regulated UDS	\$40.50
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	

**Protocol:** MRO Services **Employer**

**Protocol Notes:**

<b>Component:</b> MRO Services	\$21.00
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	

# Employer Account

Detroit Market

<b>Employer Name:</b> City of Troy	<b>Phone:</b> (248) 526-5127
<b>Phys Address:</b> 500 W Big Beaver	<b>Mail Address:</b> 500 W Big Beaver
<b>City, State, Zip:</b> TROY, MI 48064	<b>City, State, Zip:</b> TROY, MI 48064

**Protocol:** Summer Laborer-Recertification **Employer**

**Protocol:** This protocol is for DOT medical card only.

**Notes:** Lab is ATN - 10 panel DS Results to Jeanette Menig. Call Jeanette or Jonathan with positive DS results then mail MRO on positives only

<b>Component:</b> Back Evaluation	\$18.00
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> DOT Recertification	\$20.50
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	
<b>Component:</b> Non Regulated UDS	\$40.50
<b>Bill To:</b> Employer City of Troy Phone (248)526-5127 Fax (248)526-5129	