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New Account Set up Form

Business Name: _____ Business Contact: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Payment Details:

Address for Invoicing if different from above: _____ City: _____ State: _____ Zip: _____

Email for Invoicing: _____

DER INFO FOR RESULTS:

Name: _____ Email: _____ Phone: (____) _____ - _____

Other that may want results:

Name: _____ Email: _____ Phone: (____) _____ - _____

PLEASE CHOICE THE SERVICES YOU WOULD LIKE:

Instant Urine in Stock

1. 4 Panel Instant Urine Cup, Amphetamine (AMP500), Cocaine (COC150), Methamphetamine (MET500), Opiates (OPI300) -----**\$50.00**
2. 5 Panel Instant Urine cup: Amphetamine (AMP1000), Cocaine (COC300), Opiates (OPI2000), Phencyclidine (PCP25), Cannabinoids (THC50) (pH, Specific Gravity (SG), Oxidants (OX), Creatinine (CR/CREA), Nitrite (NI/NIT) ----- **\$55.00**
3. 10 Panel Instant Urine cup: Amphetamine (AMP1000), Barbiturates (BAR300), Benzodiazepines (BZO300), Cocaine (COC300), Methamphetamine (AMP1000), Ecstasy (MDMA500), Methadone (MTD300), Opiates (OPI2000), Oxycodone (OXY100) Cannabinoids (THC50) +(OX/SG/pH) -----**\$68.00**
4. Instant Urine Drug Testing Confirmation: **\$5.00** Per metabolite on some cups

Instant Oral in Stock

1. 12 Panel Instant Oral Fluid AMP, BAR, BUP, BZO, COC, MET, MTD, OPI, OXY, PCP, THC + ALC \$65.00
2. 5 Panel Instant Oral Fluid: AMP/COC/MET/OPI/PCP ----- \$55.00
3. 5 panel Instant Oral Fluid: AMP/COC/MET/OPI/OXY-----\$55.00
4. Instant Oral Fluid Drug Testing Confirmation: \$45.00 Per metabolite

Custom Panel Urine or Oral Fluid Drug Test: Circle Drugs you would like in a custom panel.

Urine Oral Fluid

- 1.AMP – Amphetamines 2.BAR – Barbiturates 3. BUP – Buprenorphine 4. BZO – Benzodiazepines 5. COC – Cocaine 6. ETG / ETS – Alcohol
7. MDMA – Methylenedioxymethamphetamine 8. MET/MAMP – Methamphetamine 9. MTD – Methadone 10.OPI – Opiates 11. OXY – Oxycodone
12. PCP – Phencyclidine 13. THC – Cannabis

Other Services Offered

- | | | | |
|---|----------|---|---------|
| 1. Drug Test Only (You Bring in Chain of Custody) ----- | \$30.00 | 11. Varicella-Zoster Virus Antibodies (IgG, IgM)----- | \$55.00 |
| 2. DOT Drug Screen 5 Panel Urine (Send Out) ----- | \$60.00 | 12. Hepatitis B Surface Antibody Immunity, Quantitative-- | \$45.00 |
| 3. Non-DOT Drug Screen 5 Panel Urine (Send Out) ----- | \$60.00 | 13. Hepatitis A IgM Antibody ----- | \$45.00 |
| 4. Audiogram (call for group Discount)----- | \$50.00 | 14. Call for other titer quotes | |
| 5. Hair Follicle Drug Test ----- | \$115.00 | | |
| 6. Breath Alcohol with Confirmation----- | \$50.00 | | |
| 7. Qualitative Fit Test ----- | \$40.00 | | |
| 8. QUANTIFERON GOLD BLOOD TEST----- | \$125.00 | | |
| 9. Measles, Mumps, and Rubella (MMR) ----- | \$65.00 | | |
| 10. Hepatitis C Antibody with Reflex to HCV, RNA----- | \$45.00 | | |

Employee Wellness Screenings

1.HEALTH RISK ASSESSMENTS by: Venipuncture (Blood Draw) \$50 per participant

2.HEALTH RISK ASSESSMENTS by: Finger Stick \$40 per participant

Payment Terms: All invoices are due within 30 days of the date of the invoice. This means that the full amount must be paid within this time frame to avoid any late payment charges, unless negotiated.

Late Payment: In case of late payment, a late fee of \$25.00 may be charged per month until the outstanding balance is settled.

Credit Cards: If choosing to pay by credit card, please note that a 3% convenience fee will be added to the total amount due. This fee covers the processing charges incurred by the company when accepting credit card payments.

Payment Methods: Accepted payment methods include bank transfer, cash, check, and credit card. For credit card payments, please be aware of the additional fee mentioned above.

Disputes: Any disputes regarding payments should be communicated promptly to OCCH Services. Failure to do so may result in late fees being applied.

Changes to Terms: OCCH Services reserves the right to make changes to the payment terms, price and conditions.

If you agree to these terms and conditions please sign below. Thank you for your business.

Signature: _____ Date ____/____/____

Print Name: _____ Title: _____