MOUNTAIN MEDICAL

Standard Medical Services
SERVICING ALL YOUR OCCUPATIONAL HEALTH NEEDS

Contractual Agreement

This agreement is made between Standard Medical Testing Services, a division of Mountain Medical Services, located at 597 Bay Road, Queensbury, NY 12804 and with Town of Johnsburg having an address a 219 MAIN ST,NORTH CREEK,NY,12853-2310

This agreement shall be in effect from January 1, 2021 - Dec 31, 2021

The responsibilities and obligations and liabilities shall survive the term of this agreement.

This agreement may be cancelled by either party after thirty days of written notification.

Both parties to this agreement are independent contractors, and nothing contained herein shall be construed to place the parties in the relationship of partners, joint venture, principal-agent or employer-employee, and neither party shall have the power to obligate or bind the other whatsoever beyond the terms of this agreement.

Standard Medical Testing Services, a division of Mountain Medical Services, will be compensated for its services as follows:

Yearly Administrative Fee:	10 or more employees	$150.00
	9 or less employees	$ 75.00
Urine Drug Screens		$ 62.00
Alcohol Breath Testing		$ 38.00
DOT/CDL Physicals		$140.00
NON DOT Physicals		$115.00
Onsite Charge - Other than Randoms		$100.00
NO Show Fee - if collector shows and participant doesn't		$ 30.00
Observed Urine Collection		$25.00

In addition, should there be after hours, post accident testing/reasonable suspicion, there shall be a flat rate fee of $120.00 per hour with a minimum two hour charge. Also there will be a mileage charge of 56.5 cents per mile applied.

Shy Bladder wait time is $40.00 per hour, including after 5 pm closing time.

The fee for split specimen re-testing of positive specimens (including shipping, lab fees and chain of custody) shall be $250.00.

The review of all Positive drug screens will be $100.00, regardless of final outcome. This includes the MRO time for contacting physicians, donors and specialists whom the employee is being treated by.

Payment of invoices is expected within 30 days of receipt of invoice payable to Mountain Medical Services, PO BOX 13395, Belfast Maine, 04915.. A late fee/interest fee of 1.5% monthly will be applied to outstanding invoices over 30 days old. We accept payment online at www.quickpayportal.com. Code is on Invoice.

Standard Medical Testing Services a division of Mountain Medical Services attests that it will keep all information obtained from the Town of Johnsburg for the purpose of testing confidential unless otherwise required to disclose said information by applicable law, regulation, or subsequent agreement.

The provisions of the Agreement shall be construed, interpreted and governed by the substantive laws of the state of New York, including all matters of construction, validity and performance.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed as of the day and year executed below:

Standard Medical Testing Services
Merrie Lynn Towle, BSN

Mountain Medical Services
Dr. Michael P. M. Pond, MD

Town of Johnsburg

Name: *Merrie Lynn Towle, BSN*
Title: Director of Occupational Medicine
Date: *January 1, 2021*

Name: _____
Title: Supervisor
Date: _____

Please execute this agreement, retain the original, and forward a duplicate to Standard Medical Testing Services at 597 Bay Road, Queensbury, NY 12804

Standard Medical Testing Services
A division of Mountain Medical
Merrie Lynn Towle, BSN
597 Bay Road
Queensbury, NY 12804
518-744-6560
fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

Michael Pond, MD/MRO
1927 Saranac Avenue
Lake Placid, NY 12945
518-523-7575
FAX: 518-523-7577
www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

After Hours

Standard Medical Services

a division of Mountain Medical Services

597 Bay Road

Queensbury, NY 12804

Meet at employee entrance of building...when you are in parking lot you will see steps up to door on side of building

To be used before 8am or after 5pm M-F or on weekends

- **A Supervisor MUST escort the Employee for testing**
- **CALL # 518-338-8411**
- 2ND # 518-744-6608
- 3RD # 518-696-3602

MOUNTAIN MEDICAL

Standard Medical Services
SERVICING ALL YOUR OCCUPATIONAL HEALTH NEEDS

Request for Services

To be completed by the employer: Please send the employee to the medical site or fax to the appropriate site.

Employee Name_____Date_____

Company Name_____Phone_____

Required Services: PHOTO ID IS REQUIRED

Reason for Testing: ___Pre ___Random___Post Accident____Reasonable Susp___Other

Drug Test Type: ___ _____DOT panel
_____Non DOT ____5 panel ____10 panel ___Instant UDS
_____Hair Test _____Collection only

Breath Alcohol: _____DOT _____Non DOT

Physicals : _____Pre hire _____Recert _____DOT _____Non DOT

_____Firefighter _____Hazmat ____Respirator _____Silicia

_____Functional Capacity Back Exam

XRAY:

_____Chest XRAY _____B Read_____ Back XRAY

Lab Tests: ___MMR Titer ___ Hepatitis B Antibody ___ CBC/CMP ___Lead/Zinc
___Varicella Titer ___Other:_____

Vaccines: ____ Hepatitis B Vaccine ___Tetanus _____Flu _____PPD/TB

Screening:____ Audiogram ____Pulmonary Function _____EKG _____Color Test

____ Fit Test

Other Requests:_____

MOUNTAIN/STANDARD MEDICAL 597 Bay Rd QUEENSBURY ,NY 12804 518-744-6560
518-409-8441 fax

MOUNTAIN MEDICAL SERVICES 354 BROADWAY, SARANAC LAKE , NY 12983 518-897-1000
MOUNTAIN MEDICAL SERVICES 3372 ST.ROUTE 11, MALONE, NY 12953 518-521-3322
MOUNTAIN MEDICAL SERVICES 2 HOSPITAL DRIVE, MASSENA, NY 13622 315-705-0700

ZMOUNTAIN MEDICAL

Standard Medical Services

In regards to: Drug and Alcohol Screening Program

Designated Employee Representative,

We welcome you to the Standard Medical Services, a division of Mountain Medical Services, Drug and Alcohol Workplace Programs. Standard Medical Services will work closely with your facility to provide an ongoing support pertaining to the implementation of your program for a drug-free workplace.

Standard Medical Services requests that your company provides an updated employee list (including new employees as well as employees that have been terminated) at your earliest convenience. **Please provide the drivers license number** of the employee and if the employee will be a part of the DOT testing pool or non-DOT testing pool.

As you already know, Confidential Contact (Designated Employee Representative/DER) information is also needed. We need there to be two contacts in the event that one is unavailable. Please include names, phone numbers, as well as email addresses where these contacts can be reached. Also, please indicate how you would prefer the DER to receive results: via mail or confidential fax line or EMAIL.

Enclosed is your 2021 Drug and Alcohol Testing Contract. Please make a copy for your records and sign and send one back to us, along with the updated employee list and driver's license numbers.

If we do not receive a copy back we will ASSUME you no longer want to participate in our CONSORTIUM

If you have any questions please feel free to contact me at our Queensbury office.

Thank you,

Merrie Lynn Towle, RN, BSN

Standard Medical Testing Services
a division of Mountain Medical Services
597 Bay Road
Queensbury, NY 12804
Phone: 518-744-6560
Fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

1927 Saranac Avenue
Lake Placid, NY 12945
Phone: 518-523-7575

www.mountainmedical.net
354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

MOUNTAIN MEDICAL

Standard Medical Services
SERVICING ALL YOUR OCCUPATIONAL HEALTH NEEDS

Consortium Certificate Agreement

According to the US Department of Transportation rules and regulations, a company must implement a drug and alcohol testing program. Included in these regulations are requirements that owner-operators,small motor carriers or municipalities must join a consortium to handle testing procedures, and under 382.401 © (6)(i), you must have a written agreement from the consortium on file. Standard Medical Testing Services/Mountain Medical has agreed to act as the consortium.

I hereby certify I am knowledgeable of the requirements for conducting urine collection, the duties of the Medical Review Officer, Breath Alcohol Technician, the Substance Abuse Professional, and the used of DHHS certified laboratory, and all the requirements of the US Department of Transportation regulations, 49 CFR Part 40.

I further certify that I am familiar with the random selection requirements and have on file all documents required by 382 and I will provide those documents in case of an audit from the US Department of Transportation on one of my clients. I hereby agree to comply with all such regulations governing the procedures in performing drug and alcohol testing for the below listed owner-operator/motor carrier/municipality.

Name of Owner-operator/Municipality/Motor Carrier: _____

Address of Owner-operator/Municipality/Motor Carrier: _____

Phone Number: _____

Contact Person: _____

Email Address: _____

Dated This _____ Day of _____ Year _____

Signature of Consortium Official: *Merrie Lynn Towle, BSN*

Standard Medical Testing Services
a division of Mountain Medical
Merrie Lynn Towle, BSN
597 Bay Road
Queensbury, NY 12804
518-744-6560
fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

Michael Pond, MD/MRO
1927 Saranac Avenue
Lake Placid, NY 12945
518-523-7575
FAX: 518-523-7577
www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

Please execute this agreement, retain the original, and forward a duplicate to Standard Medical Services for our files

MOUNTAIN MEDICAL

Standard Medical Services

Company Designated Employee Representative Form

Date: _____

Company Name: _____

Company Address: _____

_____

Company Mailing/Billing Address (if different): _____

ALL INFORMATION BELOW IS MANDATORY - WE NEED 2 DER'S

Primary DER (Designated Employer Representative)	Alternate DER (Designated Employer Representative)
_____	_____
Company Phone: _____	Company Phone: _____
Company Fax: _____	Company Fax: _____
DER Cell Phone: _____	DER Cell Phone: _____
DER Home Phone: _____	DER Home Phone: _____
DER email: _____	DER email: _____

Standard Medical Testing Services
a division of Mountain Medical
597 Bay Road
Queensbury, NY 12804
518-744-6560
Faz 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

1927 Saranac Avenue
Lake Placid, NY 12945

518-523-7575
www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

MOUNTAIN MEDICAL

Standard Medical Services

Designated Employee Representative,

Enclosed are two forms for the purpose of notifying us of terminations and new hires to your company's Drug and Alcohol Testing Program. It would be greatly appreciated if you could return on of these forms to us if you add or drop an employee. This will help to keep an updated employee list in the system, for efficient testing statistics. If you run out or lose these forms please feel free to call us and we will be happy to send more to you.

Please do not hesitate to reach out if you have any questions or concerns regarding any part of your Drug and Alcohol Testing Program.

Sincerely,

Merrie Lynn Towle, RN, BSN

Standard Medical Testing Services
a division of Mountain Medical Services
597 Bay Rd
Queensbury, NY 12804
518-744-6560
fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

1927 Saranac Avenue
Lake Placid, NY 12945
518-523-7575

www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

Please use this form to notify us in the event of a new hire within your company. It would be greatly appreciated if you could return one of these forms to us if you add an employee. This will help to keep an updated employee list in our system, for efficient testing statistics. If you run out or lose these forms please feel free to call us and we will be happy to send more to you.

Notification of New Hire Form

Company Name: _____

Employee Name: _____

Date of Hire: _____

Drivers lic #_____ State issued: _____

Employee DOB: _____

_____ _____

Authorized Signature Date

Standard Medical Testing Services
a division of Mountain Medical Services
597 Bay Road
Queensbury, NY 12804
518-744-6560
Fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

1927 Saranac Avenue
Lake Placid, NY 12945
518-523-7575

www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953

MOUNTAIN MEDICAL

Standard Medical Services

Please use this form to notify us in the event of a termination within your company. It would be greatly appreciated if you could return one of these forms to us if you drop an employee. This will help to keep an updated employee list in our system, for efficient testing statistics. If you run out or lose these forms please feel free to call us and we will be happy to send more to you.

Employee Termination Notification Form

Company Name: _____

Employee Name: _____

Date of Termination: _____

_____ _____

Authorized Signature Date

Standard Medical Testing Services
A division of Mountain Medical
597 Bay Road
Queensbury, NY 12804
518-744-6560
fax: 518-409-8441
www.standardmedicalservices.com
standardmedicalservices@gmail.com

Mountain Medical Services

1927 Saranac Avenue
Lake Placid, NY 12945
518-523-7575

www.mountainmedical.net

354 Broadway, Saranac Lake, NY 12983
2 Hospital Drive, Massena, NY 13662
3372 St. Rte. 11, Suite H, Malone, NY 12953