

## LOUISIANA ACCIDENT INJURY CARE & OCCUPATIONAL MEDICINE CONSORTIUM SERVICES AGREEMENT

By joining the TeamCME® Consortium Program for random drug and alcohol testing, safety sensitive employees are at equal risk for being selected to participate in the respective testing procedures, with percentages determined by the authorized government agency. This document is to be reviewed, completed and returned by the Designated Employer Representative (DER) or Owner of the company prior to, or at the time of sign-up. Additional copies should be provided if the responsible party wishes to have the employees review the document as well.

**Third-Party Administrator (TPA) for TeamCME:** Louisiana Accident & Injury Care

**Contracting Company (Client):** \_\_\_\_\_

**Term:** This Agreement shall commence with the date of execution and shall remain in force until canceled. The Agreement may be canceled by either party at any time with confirmable written notice to the other party.

**Prices:** Prices in effect at the time this Agreement is executed are shown on the attached pricing schedule. TPA reserves the right to adjust prices for individual services without notice.

Please read the following statements carefully and initial next to each statement acknowledging you have read, and fully understand the information.

\_\_\_ Client understands that it is beneficial to provide contact information for a DER who will not be eligible for testing. This is to ensure that anyone who is chosen for random testing will be notified when available/in town and able to report to the collection site **immediately**.

\_\_\_ Client understands that by joining the TeamCME® Consortium Program they are subject to random testing as determined by the random generation software used by TeamCME®.

\_\_\_ Client understands it is beneficial to provide contact information for a Designated Employer Representative, other than client if owner operator, to receive the notification of random selection. This is to ensure they are notified when available/in town and able to report to the collection site.

\_\_\_ Client understands that before joining any random testing pool, newly hired employees of Client must be subject to a Pre-Employment Urine Drug Test or must provide proof of enrollment from the consortium they were/are enrolled with. Client's proof of enrollment must show that they were eligible for testing within 30 days of today.

\_\_\_ Client understands that upon notification of random selection they are to report **immediately** to a collection site. If they are out of town and receive notification, they must find a collection site to have the testing performed at and ensure that TPA receives a copy of their testing results.

\_\_\_ Client understands that it is their responsibility to provide TPA with an updated drivers list at least once per calendar quarter.

\_\_\_ Client understands that if they fail to have the randomly selected tests performed or fail to report to a collection site immediately after notification, they will be removed from the random testing program.

\_\_\_ Client understands that upon notification of random selection, it is their responsibility to ensure that anyone selected is notified at a time when they are able to report to the collection site **immediately**. If an employee notified is out of town, a collection site must be located for the test(s) to be performed **immediately**, and a copy of any testing results performed at another location must be provided to their TPA.

\_\_\_ Client understands that if one of more drivers fail to have the randomly selected tests performed or fail to report to a collection site immediately after notification, Client will be removed from the random testing program for Non-Compliance and additional fees & requirements may be necessary for continued participation.

\_\_\_ Client has been made aware that the consortium program runs January 1st to December 31st. Any fees they are charged today will provide them with consortium services until December 31st at which point, they must contact their TPA and confirm that they wish to continue to receive consortium services for the next year, beginning January 1st.

\_\_\_ Client understands that if they fail to contact/provide payment to their TPA to renew consortium services they will be removed from participation.

\_\_\_ Client understands that if removed from the testing program for Non-Compliance, TeamCME® and their TPA reserve the right to refuse re-admission, or to charge an additional fee.

Client acknowledges that they have read and understand the contents of this Agreement and agree to pay the service fees as set forth by their TPA.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature