

**Calderone, Gail**

**From:** Diana Stock [dstock@carestationmedical.com]  
**Sent:** Monday, April 21, 2014 4:17 PM  
**To:** Calderone, Gail  
**Subject:** Care Station Information for DOT Services  
**Attachments:** Care Station Introduction.ppt; Union Township Board of Educaiton - DOT, Auth Form Instructions 04 21 14.doc; Union Township Board of Education - DOT 04 21 14.doc; Union Township Board of Education - DOT, 04 21 14.pdf

Gail,

On behalf of Care Station, I am pleased to welcome Union Township Board of Education to our ever-growing list of satisfied client companies. You join over 1000 client companies who seek solutions to occupational health concerns ranging from drug testing to injury care.

Attached are various documents introducing you to Care Station and detailing the services that will be offered. Instructions are indicated to give to employees concerning proper preparation for the procedures to be done. The *Care Station Company Profile* is also attached. The clinic will refer to the company profile whenever an employee arrives for services.

The majority of your contact will be directly with the Springfield Care Station. Fabiane Silestre-Sousa will be your contact for employees sent for DOT services. Fabiane is usually on duty from 12 PM – 8 PM and can be reached at 973-467-2273, extension 171. She may have a day off during the week.

The employer must provide written authorization for all employees seen for work-related services. Authorization forms are available from our website at <http://www.carestationmedical.com/>. From the home page, select Care Station Occupational, then scroll to the bottom of the page, "Before sending . . .". Please send the completed form with the employee whenever work-related services are needed. It is best if the authorization form is completed by the contacts indicated on the company profile.

**NOTE:** authorizations will be honored for 24 hours. If an employee presents for work-related services past that time frame, Care Station will call for new authorization.

**EXTREMELY IMPORTANT:** The *employer name* on the authorization form must be written as *Union Township Board of Education - DOT*. Our computer system is employer name driven when registering employees to be seen. If the employer name is written any other way, the employee will not be registered properly and the clinic will not have the appropriate information from the profiles to process the employee correctly.

We're all set to start providing services to your employees. Feel free to contact me with any questions or if I can be of further assistance. Please inform me of any changes to information on the company profile (either now or in the future).

We look forward to working with you and the employees of Union Township Board of Education. Congratulations on your decision to enlist the services of Care Station. Our mission is to continually exceed your expectations and partner with you to reach your fiscal health care goals.

Diana

**Inclement Weather Hotline, 908-925-7519 x400**

*Diana Stock*

Client Services Manager

Care Station Medical Group

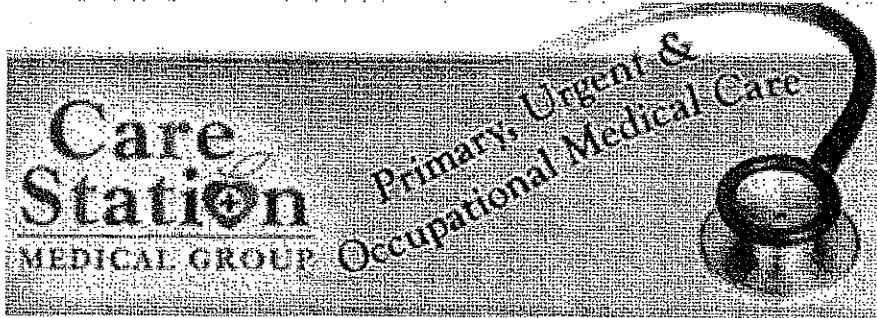
PO Box 352

Linden, NJ 07036

Phone: 908-925-7519 x113

Fax: 908-925-2842

Please visit us at [www.carestationmedical.com](http://www.carestationmedical.com)



**CARE STATION  
DEPARTMENT OF TRANSPORTATION  
FEE SCHEDULE FOR  
UNION TOWNSHIP BOARD OF EDUCATION  
APRIL 21, 4014**

<u>SERVICE</u>	<u>CHARGE</u>	<u>BILLING CODE*</u>
DOT Physical Examination	\$55	PE104
Urine Drug Collection Collection/shipment of specimen to designated laboratory	\$22	UDCOL3
DOT Breath Alcohol Test (BAT), Screening/Confirmation Charge for screening and confirmation	\$28	BATB02
Blood Pressure Check	\$30	BPCHCK

**DOT Physical** will cover the following components: height, weight, blood pressure, pulse, snellen vision with color acuity, forced whisper and urine dipstick

***SPECIAL EMPLOYEE PREPARATION:***

*If glasses or contacts are worn for distance, have them at the time of the physical exam for the vision test.  
Identification (picture required) i.e. driver's license, passport, etc. is needed for ALL visits.*

\*Billing code is what will appear on the bill from Care Station. These codes will assist you in identifying the charges.

# Care Station

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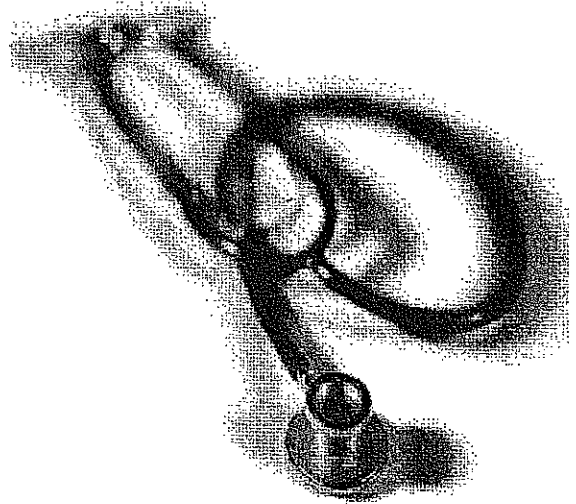
## MEDICAL GROUP

Care Station is an occupational and primary medical care facility with four locations in New Jersey. Established in 1990, the first facility opened in Linden. This was followed by facilities in Springfield, West Orange and Secaucus.

We have developed and enjoyed ongoing relationships with hundreds of New Jersey employers, insurance carriers and third party administrators. Our physicians and medical staff have a well-developed expertise in providing occupational health services to our many client companies and delivering the highest quality medical care and customer service.

Care Station offers the following services:

- ❖ Acute Treatment of Work Related Injuries
- ❖ Full Laboratory & Radiology Coverage
- ❖ Physical Examination Services
- ❖ Return to Work Physicals
- ❖ Fitness for Duty Physicals
- ❖ All mandated tests for DOT, OSHA, & other regulatory entities
- ❖ Drug and Alcohol Testing
- ❖ Random Drug & Alcohol Program Management
- ❖ Case Management & Utilization Review
- ❖ Early Return to Work Programs
- ❖ Bilingual Staff
- ❖ On-Site Health Programs, Physicals, Drug Testing, etc.
- ❖ Supervisor & Employee Training for Drug & Alcohol Awareness
- ❖ Coordinated Specialty Referral Network
- ❖ Flu Vaccinations
- ❖ Health Fairs
- ❖ Preventive Screenings
- ❖ Seminars
- ❖ Customized services to meet your needs



To learn more, contact:  
Diana Stock  
Client Services Manager  
908-925-7519 ext. 113  
[dstock@carestationmedical.com](mailto:dstock@carestationmedical.com)

# UNION TOWNSHIP BOARD OF EDUCATION

APRIL 9, 2014

## COMPLETING THE CARE STATION AUTHORIZATION FORM:

### EXPLANATION OF PROTOCOLS AND HOW TO REQUEST THEM

Services provided to Union Township Board of Education are referred to as protocols. The protocols are accessed from our computer system when an employee is seen. Please request the protocols as indicated below as this will match what is in our computer system and ensure that the correct protocol is performed.

The employer must provide written authorization for all employees seen for work-related services.

Authorization forms are available from our website at <http://www.carestationmedical.com/>. From the home page, select Care Station Occupational, then scroll to the bottom of the page, "Before sending . . .". Please send the completed form with the employee whenever work-related services are needed. It is best if the authorization form is completed by the contacts indicated on the company profile.

Please note that authorizations will be honored for 24 hours. If an employee presents for work-related services past that time frame, Care Station will call for new authorization.

Service Requested	Authorization Form
New hires: DOT Physical and Drug Screen	<i>Use check off at bottom of authorization form:</i> ✓ DOT ✓ PHYSICAL EXAMINATION ✓ PRE-EMPLOY DRUG SCREEN
DOT Recertification	<i>Use check off at bottom of authorization form:</i> ✓ DOT ✓ PHYSICAL EXAMINATION
Drug and/or Alcohol Test for any reason other than pre-employment	<i>Use check off at bottom of authorization form:</i> ✓ DOT ✓ Appropriate reason for test under DRUG SCREEN <i>and/or</i> BREATH ALCOHOL TEST

**Company Profile**

Co ID: 6510  
 Co Name: Union Township Board of Education - DO  
 Co Addr1: 2369 Morris Ave.  
 Co Addr2:  
 Co City: Union NJ 07083-

Co Alias:  
 Co Phone: (908) 851-6400  
 Co Fax: (908) 688-0076  
 Co Attn: Ellen Labonia  
 Bus Type: Board of Ed  
 No Employees: 35

Care1   
 Care2   
 Care3   
 Care4

**Physical Exam Profile**

Effective Date: 4/21/2014

Revised Date:

**Contacts**  
 Daytime #1: Gail Calderone  
 Daytime #2: Aldo Marrillo  
 Evening #1: Gail Calderone  
 Evening #2:

**Primary Phone**  
 (908) 851-6447  
 (908) 851-6447  
 (908) 447-7322

**Other Phone**

**Forms:**  
 Standard  
 Form Supply

**Reporting Options** **Notes**  
 Verbal/PP  
 Fax  
 Mail Daytime #1  
 Complete  Summary

Co\_BName:  
 Co\_BAddr1:  
 Co\_BAddr2:  
 Co\_BCity: NJ  
 Attn:  
 Phone: Fax:

**Collection Only** **Forms** **Kits**  
 Lab: LabCorp  Patient   
 DelMethod: Courier  CareS

Location Code: 0

**Special Instructions:**

<b>DOT</b>	<b>Blood Pressure Check</b>	EKey: 9992	Co_ID: 6510
Code: BPCH01			
Desc: Blood Pressure Check			
Freq: X			
<b>DOT</b>	<b>DS/BAT</b>	EKey: 9993	Co_ID: 6510
Code: UDCOL3 BATB02			
Desc: Urine Drug Collection BAT Scrn/Cnfrm			
Freq: C C			
<b>DOT</b>	<b>Post Placement</b>	EKey: 9990	Co_ID: 6510
Code: PE104 UDCOL3			
Desc: Physical w/UA Urine Drug Collection			
Freq: X X			
<b>DOT</b>	<b>Recertification</b>	EKey: 9991	Co_ID: 6510
Code: PE104			
Desc: Physical w/UA			
Freq: X			