

Description	Current Price		Requested Renewal Price	% increase
Pre-Employment Physical, Non-DOT	\$60.00		\$ 70.00	16.67%
Drug Screen for Workers Compensation Related Accidents & Random DOT and Non-DOT Drug Testing, as needed	\$80.00		\$ 160.00	25%
Breath Ethanol Testing (BAT)	\$35.00		\$ 35.00	
Administer & Read Tuberculosis Test for Juvenile Probation New Hires	\$40.00		\$ 40.00	
Administer & Read Tuberculosis X-Ray for all Juvenile Probation Employees who test positive for TB	\$120.00	1 view	\$ 135.00	12.5%
	\$130.00	2 views	\$ 145.00	11.54%



Occupational Health New Pricing Effective 3/15/2024

Dear Esteemed Client,

Since April 1, 2023, Family Care Specialists has seamlessly integrated into the SFA Community Health Network. We want to reassure you that Stephani Bradley, FNP, along with her dedicated team, continue to uphold the same unwavering standard of care for our occupational health clientele.

In light of the current economic climate marked by inflation and escalating rental and supply costs, we must inform you of an upcoming adjustment in our service pricing, effective March 18, 2024. Attached to this email, you will find an agreement outlining these changes. We kindly request your review and signature, returning the document to lmcdonald@mychn.org at your earliest convenience to facilitate swift updates to your records.

Should you have any queries or apprehensions regarding this transition or the services we render, please do not hesitate to reach out to Liz McDonald at 281-824-1480 Ext 2013. Our commitment remains steadfast in ensuring prompt and efficient service delivery to your esteemed clients, as we eagerly anticipate the continuation of our exceptional care.

We extend our gratitude for your cooperation and understanding during this transitional phase. Your business is invaluable to us, and we cherish the privilege of tending to your clients' needs. Your trust and support are deeply appreciated.

Warm regards,

Stephani Bradley, FNP Family Care Specialists at SFA Community Health Network

Thank you for agreeing to the Occupational Health price increase with Community Health Network. Your business will be billed monthly for any services rendered at our location at 120 Flag Lake Dr, Lake Jackson, Tx 77566. If you have any questions or concerns, please feel free to reach out to us. We look forward to serving you and your employees.

Print Client/Employer Name: _____

Signature of Client/Employer: _____

Date Approved: _____

MyCHN Lake Jackson
120 Flag Lake Dr, Suite #2
Lake Jackson, Tx 77566

Contact: Liz McDonald
281-824-1480 X 2013
281-220-6442 Fax

[Lmcdonald@mychn.org](mailto:lmcdonald@mychn.org)



WWW.MYCHN.ORG

Occupational Health New Pricing Effective 3/15/2024

NON DOT PE	\$70.00
DOT PE SELF PAY/NEW COMPANY	\$100.00
DOT COMPANY PAY	\$80.00
DOT/NONDOT BREATH ALCOHOL COMPANY PAY	\$35.00
DOT/NONDOT BREATH ALCOHOL CONFIRMATION	\$35.00
NONDOT BREATH ALCOHOL NEW COMPANY	\$35.00
HAIR COLLECTION	\$20.00
HAIR TEST SELF-PAY	\$165.00
DOT URINE COLLECTION	\$25.00
NONDOT URINE COLLECTION	\$20.00
DOT/NONDOT URINE DRUG SCREEN	\$100.00
INSTANT 10 PANEL DRUG SCREEN	\$65.00
INSTANT 6 PANEL DRUG SCREEN	\$55.00
TB TESTING W/READING	\$40.00
DOT CARD COPY	\$5.00
PFT's	\$100.00
HEARING TEST	\$45.00
BLOOD COLLECTIONS	\$10.00
UAT	\$10.00
EYE EXAM SNELLING	\$10.00
TITMUS EYE EXAM	\$25.00
ISHIHARA PLATE (COLOR TEST)	\$20.00
CXR 1 VIEW	
CHN Technology Drive Angleton office	\$95.00
CXR 2 VIEW	
CHN Technology Drive Angleton office	\$105.00
Tetanus Vaccine	\$75.00
Titers Hepatitis B (CPL)	\$100.00
Titers MMR (CPL)	\$130.00

Company Profile Agreement

Company Name _____

Company Contact _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Billing Contact for All Services

Company Name _____

Company Contact _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Thank you for agreeing to the Occupational Health agreement with Community Health Network. Your business will be billed monthly for any services rendered at our location at 120 Flag Lake Dr, Lake Jackson, Tx 77566. If you have any questions or concerns, please feel free to reach out to us. We look forward to serving you and your employees.

Print Client/Employer Name: _____

Signature of Client/Employer: _____

Date Approved: _____

Please email completed form to Lmcdonald@mychn.org



MyCHN Lake Jackson
120 Flag Lake Drive, Suite #2
Lake Jackson, Tx 77566

281-824-1480 Ext 2013
281-220-6442 Fax
Lmcdonald@mychn.org

Scheduling Request

Employee Name: _____ DOB: _____
Company Name: _____ Employee ID#: _____
Contact Person: _____ Payor: _____
Company Address: _____ Phone: _____
Date of Appointment: _____ Time: ____:____ AM/PM

Reason

<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Random/Spot Testing	<input type="checkbox"/> DOT Recertification
<input type="checkbox"/> Annual or Recurring	<input type="checkbox"/> Post-Accident	<input type="checkbox"/> DOT Applicant
<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Return to Duty	<input type="checkbox"/> Other (please state)

Type of Service

Drug Screen		Physical	
<input type="checkbox"/> Hair Follicle	<input type="checkbox"/> Urine	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
<input type="checkbox"/> Instant 6	<input type="checkbox"/> Instant 10	Breath Alcohol Test	
<input type="checkbox"/> Psychomedics	<input type="checkbox"/> Alcohol	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
<input type="checkbox"/> Non-DOT	<input type="checkbox"/> DOT	Radiological Evaluation	
<input type="checkbox"/> Other		<input type="checkbox"/> Chest 1 view	<input type="checkbox"/> Chest 2 view
		<input type="checkbox"/> Other _____	
Immunization		Physiological Testing	
<input type="checkbox"/> Titer: MMR	<input type="checkbox"/> Titer: Hepatitis B	<input type="checkbox"/> Audiogram	<input type="checkbox"/> PFT
<input type="checkbox"/> TB Skin	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Vision	<input type="checkbox"/> Other

Client Signature: _____
Employer Signature: _____
Date Approved: _____



PAY RATES

JOB TITLE	OLD PAY RATE/HOUR	OLD ANNUAL SALARY	NEW PAY RATE/HOUR	NEW ANNUAL SALARY
Nurse Practitioner	\$43.85	\$91,200	\$54.66	\$113,700.0
Medical Assistant	\$17.50	\$36,400	\$21.54	\$44,803.20
Front Desk Receptionist	\$15.00	\$31,200	\$17.93	\$37,294.40
	OLD MONTHLY RENTAL RATE			
Rent	\$2,850			