

OCCUPATIONAL HEALTH SERVICES



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70607

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Tel: 337-562-0835 Fax: 337-562-8985
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Website: www.ilesmedicaltesting.com

To whom it may concern;

Thank you for the opportunity to earn your business. First I want to give you some general information about **IMT** to go along with the services that we provide. **IMT** was solely designed and operated to perform around the clock medical and drug testing. We are highly mobile and have a response time that is unmatched. All **IMT** staff is experienced in on-site company collections and in handling post-accident cases that require emergency assistance.

IMT was established to provide quality occupational and drug testing services to Southwest Louisiana. Our certified professional collectors staff have fulfilled the occupational needs in the area for the last twelve years. **IMT** particularly realizes the importance of proper operating procedures that were often not addressed by other providers in our area prior to our entrance in the market.

IMT emphasizes the importance of the following key areas:

- * *Response Time*- Extremely important in this line of work. When we say, "We will be there in 30-45 minutes," then we will be there in 30-45 minutes. No ifs, ands, buts! The longer you wait, the more chances there are for complications to arise for the collection procedures.
- * *Experience*- All staff members have experience in this field ,DATIA Certified Professional Collectors and also DOT certified as Breath Alcohol Technicians. (Alcotest 6810)

**Protocol and Procedure*- Specifically designed to make things as hassle free as possible for your employees that are being tested and for your office in regards to transfer of all pertinent paperwork and information.

**Tax Incentive*- The federal government provides tax breaks for businesses that use minority companies. Our company is Minority Certified with NMSDC, Certified HUD Zoned, and Certified Woman Owned

Iles Medical Testing is capable of handling all of your drug and alcohol testing. Whether it is post-accident, pre-employment, random, reasonable suspicion, or for-cause, we dedicate all of our energy and resources to getting your paperwork out to you and sending all specimens to the laboratory by the very next business day, without exception. **IMT** works in close cooperation with several certified Medical Review Officers that also believe in providing quick and professional service to you and your employees. Bottom line, the quicker you get the results and paperwork from our end, the sooner you will be able to get your employees back to work, or in some cases, removed from work to prevent any further possible damages or injuries.

Enclosed is a 1)Employer Account Set Up Form 2) Authorization Form 3) Electronic Fund Transfer Services 4)Emergency call-outs protocol . The staff of **Iles Medical Testing** looks forward to having the opportunity to provide these services for your company. If you have any questions or comments please do not hesitate to give us a call at our office, cell, fax, or e-mail. Thank you for your consideration and time.

Sincerely,

D
Dorothy M. Iles , Director





EMPLOYER QUESTIONNAIRE

COMPANY INFORMATION

Company Name:		Number of Employees:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Website:

CONTACT PERSON

Name:		Title:
Phone:	Mobile:	Fax: Secure: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail:		Password (for EMR) :
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

BILLING INFORMATION – EMPLOYER PAID SERVICES

Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

For your convenience, electronic funds transfer is available. Please email for information or submit your EFT documents with this form.

Employer is a participant of the Drug Free Work Force program: ☐ Yes ☐ No

WORK COMP - INSURANCE CARRIER INFORMATION

Insurance Carrier Name:		Policy Number:
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

THIRD PARTY ADMINISTRATOR INFORMATION

Third Party Administrator Name:		
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

Scan and Email completed form to service@ilesmedicaltesting.com



Dear Employer:

Re: Electronic Funds Transfer

Iles Medical Testing- Occupational Health Services is progressively migrating in the direction of paperless payments whenever possible.

Employers are encouraged to take advantage of this simple and expedited process of paying pending invoices. Please forward any electronic transfer documentation that you may require completed to the following address or by email.

Iles Medical Testing, LLC
3437 Derek Dr.
Lake Charles, La 70607
Or
services@ilesmedicaltesting.com

We appreciate your consideration in our effort to transition to this paperless movement. Feel free to reach out to us if you should have any questions

Dorothy Iles, Director

dorothy@ilesmedicaltesting.com



ILES MEDICAL TESTING, LLC

Employer/ Company: _____ Date: _____

Donor/ Employee: _____ PO# _____

SS#: _____ Position: _____

REQUESTED BY: _____ Contact #: _____

REASON FOR TEST

After marking your reason for test please select required test

- | | | |
|--|---|--|
| <input type="checkbox"/> PRE-ACCESS/ ENTRY | <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> RESONABLE CAUSE |
| <input type="checkbox"/> FOLLOW-UP | <input type="checkbox"/> RANDOM | <input type="checkbox"/> ANNUAL |
| <input type="checkbox"/> RETURN TO DUTY | <input type="checkbox"/> POST-ACCIDENT | <input type="checkbox"/> OTHER |

LAB TESTS

- ☐ CBC
- ☐ CMP/CHEM 18
- ☐ URINALYSIS
- ☐ LIVER
- ☐ LIPID/GLU
- ☐ MMR
- ☐ TB QUANTIFERON
- ☐ _____

AUDIOMETRY

- ☐ BASELINE
- ☐ COMPARISON

VISION

- ☐ TITMUS
- ☐ JAEGER
- ☐ ISHIHARA

DRUG TEST

- | | |
|----------------------------------|-------------------------------|
| <input type="checkbox"/> NON-DOT | <input type="checkbox"/> DISA |
| <input type="checkbox"/> DOT | <input type="checkbox"/> 5 |
| <input type="checkbox"/> DISA | <input type="checkbox"/> 10 |
| <input type="checkbox"/> HAIR | |

ALCOHOL TESTING

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> NON- DOT | <input type="checkbox"/> BREATH ALCOHOL |
| <input type="checkbox"/> DOT | <input type="checkbox"/> DISA |
| <input type="checkbox"/> SALIVA | |

RAPID SCREEN

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 5 PANEL | <input type="checkbox"/> 16 PANEL |
| <input type="checkbox"/> 10 PANEL | <input type="checkbox"/> ORAL FLUID |
| <input type="checkbox"/> 12 PANEL | |

PHYSICAL EXAMS

- | | |
|--|---|
| <input type="checkbox"/> DOT /CDL EXAM | <input type="checkbox"/> FIT FOR DUTY |
| <input type="checkbox"/> NON -DOT BASIC EXAM | <input type="checkbox"/> PRE-EMPLOYMENT |
| <input type="checkbox"/> RETURN TO WORK | |

PULMONARY FUNCTION TEST

- ☐ RESPIRATOR FIT TEST
- MASK _____

SPECIAL NOTES:

OFFICE ADDRESS

📍 3437 Derek Dr.
LAKE CHARLES,
LA 70607

☎ 337-562-0835
📠 337-562-8985
📠 337-431-1277

✉ service@ilesmedicaltesting.com
🌐 www.ilesmedicaltesting.com



24-HOUR EMERGENCY CALL-OUT

PROTOCOL

Business Hours Line 7:30am-6:00 pm **(337) 562-0835**

After Hour Line 6:00 pm-7:00 am (337) 488-9037

If your call is not answered on the first attempt ,
please try again or use additional line **337-884-1626**

**To ensure prompt service please provide on- call
representative with the following information.**

- 1) Company you represent?
- 2) Name of Employee?
- 3) Exact location where services will be performed?
- 4) Type of services requested
- 5) DER=Designated Employee Representative?
- 6) Cell Phone Number of DER
- 7) NON-DOT? or DOT /with DOT (Specific Agency)

IMT will notify employer of any positive screens

-If patient//employee is unable or unwilling to provide adequate
specimen amount for drug screen or breath alcohol test

Your business is extremely important to us , and we look forward to providing you with
exceptional service .



Why Choose Us?

- Fast & Friendly Staff
- Quick Turnaround on Results
- Random Generator
- 24 Hour on -call services
- Escreen Technology
- Form Fox Technology
- DATIA certified collection site
- DISA preferred site
- BAT Certified Technicians
- DOT & Non DOT Physicals
- * Pulmonary Function Testing
- * Audiogram (Hearing)
- * Vision Screening
- * Lab Work
- * Respirator Fit Testing



ILES Medical Testing, LLC , offers specimen collection and testing for a variety of medical, legal, consumer, and employment concerns.

Servicing southwest louisiana and access to nationwide coverage through our affiliation network.

OCCUPATIONAL SERVICES OFFERED

- Certified Professional Collectors (DATIA Accredited)
- Drug & Breath Alcohol Testing
- Physicals (CDL/DOT)/Pre employment and etc.)
- Pulmonary Function Testing
- Vision Screens (Titmus, Jaeger, Snellen, Ishihara)
- Respirator Fit Testing (Quantitative)
- OSHA Respirator Questionnaire
- Hearing /Audiograms
- Labs
- Random Generator
- After Hours Services Available



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 CALL US TODAY!
337-562-0835