



Phoebe Corporate Health

2410 Sylvester Road

Albany, GA 31705

Office: 229-312-9220

Fax: 229-312-9205

Thank you for your continued participation in Phoebe Corporate Health’s random drug/alcohol program. It is now time to enroll for 2018. The annual enrollment fee of \$250.00 per category covers account setup and ongoing compliance administration of your program for the entire year. Please indicate below which option(s) you wish to use for 2018 and mail your payment with this form to:

Phoebe Corporate Health
2410 Sylvester Rd
Albany, Ga. 31705

Company Name: _____

Address: _____

Telephone #: _____ Contact Name _____

_____ Non-DOT _____ DOT

Payments in to be received by January 10th, 2018 to be included in the 1st Quarter random pull for 2018.

You will continue to be billed for drug and alcohol testing by Phoebe Corporate Health Clinic. Fees listed below:

DOT testing	\$40.00
Non-DOT 5 panel	\$30.00
Non-DOT 10panel	\$35.00
Breath Alcohol	\$25.00

We look forward to assisting you with your corporate health needs during the upcoming year. Please contact us should you have any questions.