



Ozark Foothills Industrial Medicine

3019 Fair Street

Poplar Bluff, MO 63901

Phone: (573) 778-9300 Fax: (573) 778-9358



Drug Clearinghouse & Billing Information: elizabethc@tinsleymedical.com

DOT Consortium Information: elizabethc@tinsleymedical.com

Ozark Foothills Industrial Medicine Clinic (OFIMC)

DOT Service Agent & Consortium Membership Agreement – 2025

In accordance with U.S. Department of Transportation regulations (49 CFR Part 40), motor carriers may authorize a qualified service agent to coordinate required drug and alcohol testing programs. Ozark Foothills Industrial Medicine Clinic (OFIMC) meets these requirements and is available to serve as your Third-Party Administrator (C/TPA) and consortium provider.

By signing this agreement, your company enrolls in the OFIMC DOT Consortium Program for the 2025 calendar year.

Agreement Term

- **Effective Dates:** January 1 – December 31, 2025
- This agreement **automatically renews** for additional 12-month terms beginning January 1st each year unless terminated in writing with at least **30 days' notice prior to year-end**.

Name of Motor Carrier _____

DOT Number (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone (____) _____ *24-hour Fax (____) _____
(Please leave your fax on so you may receive all DOT information sent by us)

Email Address _____

** Please ensure fax and email are active for delivery of results, billing, and compliance documents.*

Consortium Membership Fees

- **Owner/Operator:** \$100 per year
- **Companies (up to 25 drivers):** \$200 per year
- Clearinghouse Services \$100.00
- Clearinghouse Services \$100.00

Membership fees are due annually by **December 1st**, OFIMC may assess a \$30.00 late fee after 30-days.

Additional Charges

- DOT Drug Testing, MRO Services, and FMCSA Clearinghouse Queries are billed separately as incurred.
- **OFIMC is not responsible for any FMCSA Clearinghouse fees assessed directly to the carrier.**

Random Selection Services

Would you like OFIMC to manage your quarterly random drug and alcohol testing selections?

- ☐ Yes
- ☐ No

If **Yes**, you agree to provide a complete and updated list of drivers at the beginning of each quarter (January, April, July, October).

FMCSA Clearinghouse Services

Would you like OFIMC to conduct Clearinghouse Queries on your behalf?

- ☐ Yes
- ☐ No

If **Yes**, you agree to authorize OFIMC to access and manage required queries and report activity on your behalf in compliance with FMCSA regulations.

DOT Operating Agency

Please check the appropriate DOT agency for your operation:

- ☐ FMCSA
- ☐ Other: _____

Designated Employee Representatives (DERs)

List up to three company contacts authorized to receive testing results and compliance notices:

1. _____
2. _____
3. _____

Participation & Termination

Each motor carrier is responsible for maintaining compliance with all DOT testing requirements. OFIMC reserves the right to terminate this agreement **without notice** if the motor carrier fails to meet compliance standards or actively participate in the program.

Acknowledgment & Signature

By signing below, you acknowledge and agree to all terms listed above and authorize Ozark Foothills Industrial Medicine Clinic to serve as your DOT Service Agent and Consortium Provider for 2025.

Motor Carrier Representative

- Printed Name: _____
- Title: _____
- Signature: _____
- Date: _____

OFIMC Representative

- Printed Name: _____
- Signature: _____
- Start Date: _____

Total Amount Paid \$ _____

☐ Cash

☐ Check

☐ Card

☐ Draft