



IMPACT Reimbursement Form

As Noted in the IMPACT National Substance Abuse Policy

An instant or laboratory test may be used. If the initial screen test is non-negative, the test will be sent for confirmation by Gas Chromatography/ Mass Spectrometry (GC/MS) at a SAMHSA certified laboratory. In the event the participant is removed from the jobsite pending the laboratory result, if the confirmation of the non-negative test is negative, the participant shall be reinstated and reimbursed by IMPACT for lost wages.

Reimbursement Process:

All reimbursement requests need to be verified by your Third Party Administrator (TPA). The Contractor should reimburse the employee for wages and benefits for the amount of time they were not able to work due to an initial screen test of a non-negative and confirmed negative through GC/MS. IMPACT reimbursements begin the following day after the initial test date and if proper procedures are followed it should not exceed 3 days. If a result is confirmed non-negative by the MRO the individual will not be reimbursed for lost work time. Only negative results are reimbursed. IMPACT will reimburse the employer directly once they receive this form approved by your TPA along with a company invoice made out to IMPACT. Contact your TPA Program Coordinator or IMPACT with any questions.

Complete the attach form and submit it along with required documentation to your TPA for processing.



IMPACT Reimbursement Form

Local Union No. _____ Contact: _____ Phone # _____

Company Name _____ Contact: _____

Address _____

City, State, Zip _____

Phone # _____ Email Address _____

Employee Name _____ last 4 digits of SS# _____

Date of Instant Test	Date of Lab Test	Date of Result	1st Date Not Working	# of Days Reimbursed	Hourly Wage	*Hourly Benefits	Total Amount Due

**Hourly Benefits does not include workers compensation*

Authorized Signature of Person Completing Form

Date: _____

Please complete the following and have approved by your TPA Program Coordinator. One employee per form.

Third Party Administrator:

Signature of Authorizing TPA Coordinator: _____

TPA Office: _____ Date: _____

Submit Reimbursement Form to: IMPACT National Substance Abuse Program
1750 New York Ave, NW
Washington, DC 20006