



IRONWORKER MANAGEMENT PROGRESSIVE ACTION COOPERATIVE TRUST

## Collection Facility - Out of Network Reimbursement Form

### Reimbursement Process:

Contractors will be reimbursed at a maximum rate of \$45.00 per negative test if using a collection facility that is out of the IMPACT network of approved collection sites. Contractors will be required to submit copies of paid invoices from the collection facility for reimbursement and the negative test result. The Member test result information will be required in order to update the IMPACT database.

IMPACT has a network of collection sites that provide testing for Ironworkers throughout the United States. Contractors participating in the IMPACT Drug Free Workforce program will have access to IMPACT's national database to view Ironworker test status, authorize Ironworker testing and generate Ironworker test status reports. Please email [sap@impact-net.org](mailto:sap@impact-net.org) to get more information or call 800-545-4921.

### Reimbursement Process:

All reimbursement requests need to be verified and processed by your Third Party Administrator (TPA). IMPACT will reimburse the Contractor directly once they receive this form approved by your TPA along with an invoice made out to IMPACT. Contact your TPA Program Coordinator or IMPACT with any questions.

*Complete pages 1 and 2 and submit it along with required documentation to your TPA for processing.*

Local Union No. \_\_\_\_\_ Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor Name \_\_\_\_\_ Contact: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Person Completing Form

Date: \_\_\_\_\_

**Please complete the following and have approved by your TPA Program Coordinator.**



IRONWORKER MANAGEMENT PROGRESSIVE ACTION COOPERATIVE TRUST

## Collection Facility - Out of Network Reimbursement Form

Employee Name	Book number/SSN	Date of Test	Testing Location	Invoice No.	Owner Name/Location

Third Party Administrator:

Signature of Authorizing TPA Coordinator: \_\_\_\_\_

TPA Office: \_\_\_\_\_ Date: \_\_\_\_\_