



IMPACT Reimbursement Form

WAITING PERIOD

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:

The Reimbursement Program are for employees under the IMPACT Drug Free Workforce and under an IMPACT Program Third Party Administrator (TPA). All reimbursement requests need to be verified by your 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 reimbursement begin the day following the initial test date, and not more than three (3) working days, (72 hours). 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# _____

Project Name: _____

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*

_____ Date: _____

Authorized Signature of Person Completing Form

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