EASY LAB TECH

DNA, DRUG-TESTING & SERVICES

CARRIER BILLING & PARAMEDICAL EXAM SERVICES AGREEMENT

Effective Date: _____

This Agreement is between:

Easy Lab Tech, LLC
2203 North Center Street
Maryville, IL 62062
Phone: 618-772-7222
Email: easylabtech@outlook.com

and

Insurance Carrier / Organization:

FOR INTERNAL USE ONLY:

AGENCY ID: ELT-AG-_____

AGENTS in the same office will use the same AGENCY ID but will have their own Agent ID: ELT-A-_____

Billing Address:

Billing Contact:

Billing Email to send invoices:

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1. Purpose

Easy Lab Tech, LLC ("Easy Lab Tech") will provide authorized paramedical examination and specimen collection services requested by the Insurance Carrier or its authorized representative for life insurance applicants.

Services may include, as authorized:

- Paramedical examinations
- Height, weight and body measurements
- Blood pressure and pulse
- Blood and urine specimen collection

- EKG services
- Other carrier-requested examination requirements, if applicable and offered by this office

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2. Authorization

The Carrier agrees that services requested through an authorized representative, agent, vendor, or ordering system are considered authorized only when properly submitted and approved according to the Carrier's procedures.

Easy Lab Tech provides an Agency/Agent ID# once an agreement request has been approved; this ID# is provided for each request and therefore informs our office that any received requests were previously approved.

Easy Lab Tech is not responsible for determining whether an insurance application or examination requirement has been authorized by the Carrier.

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3. Billing Responsibility

The Carrier agrees to be responsible for payment of authorized services performed by Easy Lab Tech according to the agreed fee schedule.

Billing will be submitted to:

- ✓ **Insurance Carrier**

by the 5th of day of every month for all services performed the prior month

Payment terms:

- ✓ **Net 30 days**

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4. Fee Schedule

Services will be billed according to the mutually agreed fee schedule.

Fee Schedule:

- ✓ Attached

Any services outside the agreed fee schedule must be approved before being performed whenever reasonably possible.

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5. Unauthorized Services

Easy Lab Tech will make reasonable efforts to confirm that requested services are authorized.

If services are requested without a proper Carrier authorization and/or agreement in place, the Carrier will not be responsible for payment unless the Carrier subsequently approves the services in writing.

Easy Lab Tech will not knowingly perform services outside the authorized request without appropriate approval.

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6. Cancellations & No-Shows

Cancellation and no-show fees, if applicable, will be handled according to the mutually agreed fee schedule.

Easy Lab Tech will provide documentation of all communications to and efforts by all parties to assure proper understanding of scheduled appointments

Cancellation/No-Show Fee: $30

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7. Payment Disputes & Late Fees

Any billing dispute should be submitted in writing to Easy Lab Tech within **30 days** of the invoice date.

The parties agree to work together in good faith to resolve billing discrepancies.

There is a $35 late fee for invoices that exceed 30 days. Easy Lab Tech will no longer provide services on day 36 until all payments have been made.

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8. Applicant Responsibility

Unless otherwise specifically agreed in writing, the applicant will **not be responsible for payment** of authorized paramedical examination services covered under this Agreement. Easy Lab Tech will not discuss payment with applicants unless our office has been made aware that an applicant is however, responsible for payment.

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9. Confidentiality

Both parties agree to protect applicant information and maintain appropriate confidentiality regarding information received in connection with examination services.

Each party remains responsible for complying with applicable privacy, security, and other legal requirements applicable to its activities.

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10. Termination

Either party may terminate this Agreement by providing **30 days' written notice** to the other party.

Termination will not eliminate the Carrier's responsibility to pay for authorized services performed before the effective termination date.

This agreement must be renewed every 2 years to ensure terms accurately reflect interested parties’ capabilities, pricing and contact information.

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11. Agreement

By signing below, both parties acknowledge that they have reviewed and agree to the billing and service terms contained in this Agreement.

EASY LAB TECH, LLC

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

INSURANCE CARRIER / ORGANIZATION

Company Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

EASY LAB TECH

DNA, DRUG-TESTING & SERVICES

LIFE INSURANCE PARAMEDICAL FEE SCHEDULE

Effective Date: June 2026

Payment Terms: Net 30 days

Pricing: Proposed standard rates for authorized carrier, agency, or paramedical-network orders

#	Service	Fee
1	**Basic Measurements & Vitals** — height, weight, blood pressure, pulse	**$35**
2	**Blood Specimen Collection Only**	**$40**
3	**Urine Specimen Collection Only**	**$30**
4	**Blood + Urine Collection**	**$60**
5	**Measurements + Blood + Urine**	**$85**
6	**Full Paramedical Examination** — history/physical measurements + vitals	**$65**
7	**Full Paramedical Exam + Blood + Urine**	**$110**
8	**EKG / ECG**	**$35**
9	**Paramedical Exam + Blood + Urine + EKG**	**$140**
10	**After-Hours Examination**	**+$35**
11	**Weekend Examination**	**+$35**
12	**Rush / Same-Day Appointment**	**+$40**
13	**Cancellation / No-Show Fee**	**$35**
14	**Second Attempt — Blood/Urine Collection**	**$30**
15	**Additional Specimen Collection**	**$25**
16	**Special Documentation / Carrier Form Completion**	**$20**
17	**Applicant Rescheduling After Examiner Dispatch**	**$25**

Collection Package — $85
Measurements + vitals + blood + urine.

Standard Paramedical Package — $110
Paramedical examination + measurements/vitals + blood + urine.

Paramedical + EKG Package — $140
Full paramedical examination + measurements/vitals + blood + urine + EKG.