



Send completed copy to: lmalis@mcmhealthcare.com

Company Information				
Company Name				
Address				
City			State	Zip
Phone #		Website		
Primary Point(s) of Contact <i>(Check off if they are authorized to receive notes, results, or other sensitive information)</i>				
Name	Title/Role	Direct Phone #	Email	YES
				<input type="checkbox"/>
				<input type="checkbox"/>
Primary Billing Contact for your company (required field):				
				<input type="checkbox"/>
Worker's Compensation Information				
Worker's Comp Carrier			Policy #	
Claims Address				
City			State	Zip 75266-0456
Assigned Adjustor Name		Phone #	Email	
Do you have a direct partnership with any third-party administrator? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please complete the section below. If no, skip the TPA section.</i>				
TPA Information				
TPA Name				
Billing Address				
City			State	Zip
I understand that Xpress Urgent Care will be acting as a collection site and will not report out results for any services authorized by my third part administrator. <input type="checkbox"/> YES, I understand. <input type="checkbox"/> No, I would to discontinue using my TPA.				
Billing Information				
	Work Comp Carrier	Employer	Patient Responsibility	
Worker's Comp Claims bill to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screens bill to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam, Vaccines, Titters & Specialty services bill to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan for the unXpected in your workplace Xpress Corporate Care

Authorized Services

Mark all services to be included in your profile as authorized services:

Pre-Employment Reasonable Suspicion Post- Accident

Collection ONLY - Chain of Custody provided

Drug Screens:

5 Panel - XUC Account 10 Panel - XUC Account DOT

Breath Alcohol Testing NON-DOT Breath Alcohol Testing DOT

Pre-Employment Basic Work Physical DOT Physical Exam

PPD 2- Step PPD Single View Chest X-Ray QuantiFeron Gold Blood Test

Audiometry Spirometry / Pulmonary Function Test Mask / Respirator Fit Test

Physical Exams:

Mask / Respirator Fit Test Mask / Respirator Questionnaire

CHECK if you have a specific physical exam request that is NOT listed.

Titers /
Diagnostic
Testing:

MMR Titer Varicella Titer Hepatitis B Titer

CHECK if you have a specific diagnostic testing request that is NOT listed.

MMR Varicella Series (2 Vaccines Total) Hepatitis B Series (3 Vaccines Total)

Vaccines:

Tdap (Tetanus - Diphtheria - Pertussis) Hepatitis A Series (2 Vaccines Total)

Seasonal Flu Vaccine

CHECK if you have a specific vaccine request that is NOT listed.

List any additional services requested
(we will review to determine if we are
able to offer these services):

Notes:

I confirm that the company information provided is accurate and understand this is NOT a contract but will be used for informational purposes internally at Xpress Urgent Care. All authorized services will be billed to the assigned party.

Company Representative Name _____ Title _____

Company Representative Signature _____ Date _____