XPRESS URGENT CARE

Locations in St. Lucie, Palm Beach, & Broward Counties
www.Xpress.FL.com

Send completed to CorporateCare@xucfl.com

Company Information

Company Name	City of Lauderhill		
Address	5581 W. Oakland Park Blvd.		
City	Lauderhill	State FL	Zip 33065
Phone #	954-730-3090	Website www.lauderhill-fl.gov	

Primary Point(s) of Contact

(Check off if they are authorized to receive notes, results, or other sensitive information)

Name	Title/Role	Direct Phone #	Email	YES
Cici Krempler	HR Director	954-730-3097	ckrempler@lauderhill-fl.gov	✓
Andrea Javier	Assistant HR Director	954-730-3093	ajavier@lauderhill-fl.gov	✓
Primary Billing Contact for your company *(required field)*:				
Susanne Joseph	Benefits/Risk Mgmt. Specialist	954-730-3094	sjoseph@lauderhill-fl.gov	✓

Worker's Compensation Information

Worker's Comp Carrier	Davies Claims Solutions	Policy #	
Claims Address	PO Box 6817		
City	Scranton	State PA	Zip 18505
Assigned Adjustor Name	Amalia Casey	Phone # 800-322-1276 x 2028	Email amalia.casey@us.davies-group.com

Do you have a direct partnership with any third-party administrator? ☑ YES ☐ NO

If yes, please complete the section below. If no, skip the TPA section.

TPA Information

TPA Name	Davies		
Billing Address	PO Box 6817		
City	Scranton	State PA	Zip 18505

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.

☑ YES, I understand. ☐ No, I would to discontinue using my TPA.

Billing Information

	Work Comp Carrier	Employer	Patient Responsibility
Worker's Comp Claims bill to	✓	☐	☐
Drug Screens bill to	☐	✓	☐
Physical Exam, Vaccines, Titers & Specialty services bill to	☐	✓	☐

XPRESS URGENT CARE

Authorized Services

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

Drug Screens:

- [x] Pre-Employment
- [x] Reasonable Suspicion
- [x] Post- Accident
- [ ] Collection ONLY - Chain of Custody provided
- [ ] 5 Panel - XUC Account
- [x] 10 Panel - XUC Account
- [ ] DOT
- [x] Breath Alcohol Testing NON-DOT
- [ ] Breath Alcohol Testing DOT

Physical Exams:

- [x] Pre-Employment Basic Work Physical
- [x] DOT Physical Exam
- [ ] PPD
- [x] 2- Step PPD
- [x] Single View Chest X-Ray
- [ ] QuantiFeron Gold Blood Test
- [x] Audiometry
- [x] Spirometry / Pulmonary Function Test
- [ ] Mask / Respirator Fit Test
- [ ] Mask / Respirator Fit Test
- [ ] Mask / Respirator Questionnaire
- [ ] **CHECK if you have a specific physical exam request that is NOT listed.**

Titers / Diagnostic Testing:

- [x] MMR Titer
- [x] Varicella Titer
- [x] Hepatitis B Titer
- [ ] **CHECK if you have a specific diagnostic testing request that is NOT listed.**

Vaccines:

- [x] MMR
- [x] Varicella Series (2 Vaccines Total)
- [x] Hepatitis B Series (3 Vaccines Total)
- [x] Tdap (Tetanus - Diptheria - Pertusiss)
- [ ] 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 Ercilia Krempler **Title** HR Director

Company Representative Signature _____ **Date** 1/26/23

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XPRESS
URGENT CARE

PROPOSAL FOR SERVICES AUTHORIZATION FORM

Company Name / Responsible Party	**CITY OF LAUDERHILL**				
Billing Address	5581 W. OAKLAND PARK BLVD				
City	LAUDERHILL	State	FL	Zip	33065
Phone	954-730-3090	Email	CKREMPLER@LAUDERHILL-FL.GOV		

I hereby authorize and direct the above company that I represent to pay to Xpress Urgent Care such sums as may be due and owing him/her for medical services rendered my company for the administration of medical services per the following terms:

Services:	**Proposed Fee per individual Service(s):**
DOT Physical Exam	$110
Pre-Employment Basic Work Physical	$95
Drug Screen (all panels)	$45
Breath and Alcohol Testing NON-DOT	$50
PPD	$35
Chest X-Ray	$70
Audiometry	$50
Spirometry/Pulmonary Function Test	$50
MMR Titer (Measles, Mumps and Rubella) ($35 ea)	$105
Varicella Titer	$35
Hep B Titer	$35
MMR Vaccine	$85
Varicella Vaccine	$150
Hep B Titer Vaccine	$85
Tdap	$70

I understand that I will be furnished with a detailed invoice for payment that will itemize the services rendered.

I further understand that such payment is not contingent on any other means by which I may eventually recover said fee.

If this account is assigned for collection and/or suit, collection cost and/or interest, and /or attorney's fee, and/or court cost will be added to the total amount fee. If I disregard my financial responsibility, I understand I will be turned over to a collection agency, which may significantly affect my credit rating and that a 1099-C report will be made to the Internal Revenue Service.

Xpress Authorized Representative (Print)	Xpress Authorized Representative (Signature)	Date
Company Authorized Representative (Print)	Company Authorized Representative (Signature)	Date

XPRESS URGENT CARE

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Company Information

Company Name: Lauderhill Fire Rescue			
Address: 1980 NW 56th Avenue			
City: Lauderhill	State: Fl	Zip: 33313	
Phone #: 954-730-2954	Website: lauderhill-fl.gov		

Primary Point(s) of Contact

(Check off if they are authorized to receive notes, results, or other sensitive information)

Name	Title/Role	Direct Phone #	Email	YES
Ryan Gabner	Division Chief	954-730-2950	rgabner@lauderhill-fl.gov	☑
				☐

Primary Billing Contact for your company *(required field)*:

Pat Stevenson		954-730-2950	pstevenson@lauderhill-fl.gov	☑

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? ☐ YES ☑ NO

If yes, please complete the section below. If no, skip the TPA section.

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.

☐ YES, I understand. ☐ No, I would to discontinue using my TPA.

Billing Information

	Work Comp Carrier	Employer	Patient Responsibility
Worker's Comp Claims bill to			
Drug Screens bill to			
Physical Exam, Vaccines, Titers & Specialty services bill to		✓	

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XPRESS URGENT CARE

Authorized Services

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

Drug Screens:

- [x] Pre-Employment
- [ ] Reasonable Suspicion
- [ ] Post- Accident
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- [ ] Pre-Employment Basic Work Physical
- [ ] DOT Physical Exam
- [x] PPD
- [ ] 2- Step PPD
- [ ] Single View Chest X-Ray
- [ ] QuantiFeron Gold Blood Test
- [x] Audiometry
- [x] Spirometry / Pulmonary Function Test
- [ ] Mask / Respirator Fit Test
- [ ] Mask / Respirator Fit Test
- [ ] Mask / Respirator Questionnaire
- [x] **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.**

Vaccines:

- [ ] MMR
- [ ] Varicella Series (2 Vaccines Total)
- [ ] Hepatitis B Series (3 Vaccines Total)
- [ ] Tdap (Tetanus - Diptheria - Pertusiss)
- [ ] 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 Ryan Gabner **Title** Fire Division Chief

Company Representative Signature [signature] **Date** 11/16/22

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XPRESS URGENT CARE

PROPOSAL FOR SERVICES AUTHORIZATION FORM

Company Name / Responsible Party	**City of Lauderhill-Lauderhill Fire Rescue**				
Billing Address	5581 W. Oakland Park Blvd				
City	Lauderhill	State	FL	Zip	33313
Phone	954-730-2954	Email	jgonzalez@lauderhill-fl.gov		

I hereby authorize and direct the above company that I represent to pay to Xpress Urgent Care such sums as may be due and owing him/her for medical services rendered my company for the administration of medical services per the following terms:

Services	Proposed Fee per individual Service(s)
Medical History- Physical Examination (Agility Physical)	$95
CBC (Compare Blood Count)	$35
CMP (Comprehensive Metabolic Panel)	$35
Cholesterol	$50
Triglycerides	$50
TSH (Thyroid)	$30
Urinalysis (Standard Urinalysis)	$20
Vision Test	Included with physical
Audiograms	$50
Pulmonary Function Test (Spirometry)	$50
Resting ECG	$70
PPD	$35
TOTAL:	**$520**

I understand that I will be furnished with a detailed invoice for payment that will itemize the services rendered.

I further understand that such payment is not contingent on any other means by which I may eventually recover said fee.

If this account is assigned for collection and/or suit, collection cost and/or interest, and /or attorney's fee, and/or court cost will be added to the total amount fee. If I disregard my financial responsibility, I understand I will be turned over to a collection agency, which may significantly affect my credit rating and that a 1099-C report will be made to the Internal Revenue Service.

PAUL PUENTE
Xpress Authorized Representative (Print)

Xpress Authorized Representative (Signature)

11/16/2022
Date

Company Authorized Representative (Print)

Company Authorized Representative (Signature)

Date