



THIS IS A XCC ACCOUNT!

Employer Address:

Point of Contact(s) – To be used for authorization/questions/concerns.

Authorized Services –

Escreen Account –

Worker's Compensation Insurance (chosed this in ECW)

DWC-25 must be sent via fax to:

Email DWC-25 to:



Company Information			
Company Name	Allied Universal Corporation		
Address	3901 NW 115 Avenue		
City	Miami	State	FL Zip 33178
Phone #	305-888-2623	Website	www.allieduniversal.com

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
Angel Aponte	Office Administrator	772-242-9729	Angel_a@allieduniversal.com	
Melissa Garcia	HR Administrative Assistant	305-894-2305	melissag@allieduniversal.com	X
Primary Billing Contact for your company (required field):				
Patri Medina	HR Manager	305-894-2333	patrim@allieduniversal.com	X

Worker's Compensation Information			
Worker's Comp Carrier	Gallagher Bassett	Policy #	039326857
Claims Address	PO BOX 2831		
City	Clinton	State	IA Zip 52733
Assigned Adjustor Name	Phone #	866-324-5585	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	HireRight, LLC		
Billing Address	14002 E. 21 st Street, STE. 1200		
City	Tulsa	State	OK Zip 74134

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-party administrator.

YES, Report to my TPA. No, Do not report to my TPA.

Billing Information			
	Work Comp Carrier	Employer	Patient Responsibility
Worker's Comp Claims bill to	X		
Drug Screens bill to		X	
Physical Exam, Vaccines, Titters & Specialty services bill to		X	

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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

Physical Exams:	<input checked="" type="checkbox"/> Pre-Employment Basic Work Physical		<input checked="" type="checkbox"/> DOT Physical Exam		
	<input type="checkbox"/> PPD	<input type="checkbox"/> 2- Step PPD	<input type="checkbox"/> Single View Chest X-Ray	<input type="checkbox"/> QuantiFeron Gold Blood Test	
	<input type="checkbox"/> Audiometry		<input checked="" type="checkbox"/> Spirometry / Pulmonary Function Test		
	<input checked="" type="checkbox"/> Mask / Respirator Fit Test		<input checked="" type="checkbox"/> Mask / Respirator Questionnaire (OSHA)		
	<input type="checkbox"/> Mark if you have a specific physical exam request that is NOT listed.				
Titers / Diagnostic Testing:	<input type="checkbox"/> MMR		<input type="checkbox"/> Varicella		
			<input checked="" type="checkbox"/> Hepatitis B		
<input type="checkbox"/> Mark if you have a specific diagnostic testing request that is NOT listed.					
Vaccines:	<input type="checkbox"/> MMR		<input type="checkbox"/> Varicella Series (2 Vaccines Total)		
			<input checked="" type="checkbox"/> Hepatitis B Series (3 Vaccines Total)		
	<input type="checkbox"/> Tdap (Tetanus – Diphtheria – Pertussis)		<input type="checkbox"/> Hepatitis A Series (2 Vaccines Total)		
	<input type="checkbox"/> Seasonal Flu Vaccine				
<input type="checkbox"/> 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):

Please allow documentation for both Allied Universal Corporation (AUC) and Transportation Services Unlimited (TSU) to be billed under Allied Universal Corp. If you have any questions on the documents, you can call the primary contacts listed for clarification.

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 Patri P. Medina Title HR Manager

Company Representative Signature  Date 10/5/2021



PROPOSAL FOR SERVICES AUTHORIZATION FORM

Company Name / Responsible Party	Allied Universal Corp			
Billing Address	3901 NW 115 AVENUE			
City	MIAMI	State	FL	Zip 33178
Phone	305-888-2623	Email	patrim@allieduniversal.com	

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)
Work Physical Exam	\$65
Mask/Respirator Fit Test	\$65
DOT Physical Exam	\$110
BAT (DOT only)	\$50
Drug Screen, Urine (All Panels- 5/7/9/10/12) and DOT DS	\$50
Covid Testing (PCR)	\$65
Spirometry/Pulmonary Function Test	\$40
Hepatitis B Vaccine (3 series)	\$90
OSHA Questionnaire	\$65

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.

RAUL PUENTE

Xpress Authorized Representative (Print)

Xpress Authorized Representative (Signature)

10/5/2021

Date

Patri Medina

Company Authorized Representative (Print)

Company Authorized Representative (Signature)

10/05/2021

Date



Xpress Corporate Care
Email: MMonroy@XUCFL.com

CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, Allied Universal Corporation, agree(s) to pay in full for all authorized services rendered at Xpress
(Company Name)
Urgent Care upon the receipt of our invoice.

Late Charge:

Allied Universal Corporation understands that we are only financial responsible for any and all medical
(Company Name)
services, that we have authorized, including any post-accident drug screens not covered by our Worker's Compensation carrier. We understand that Xpress Urgent Care will provide us with a current statement monthly and it is our responsibility to pay our outstanding balance within 30 days of receipt of invoice.

Our account may be considered delinquent if our payment is not received within seven (7) days from the due date. If we fail to submit payment within the allotted grace period, we may be charged a fee of \$20.00 for each invoice payment received past due.

Accounts over 60 days past due may be subject to additional charges and may be sent to collections. We understand that we will be legally responsible for all collection costs involved with the collection of any delinquent account(s) including all court costs service charges (which may be up to 50%), reasonable attorney fees, and any and all other expenses incurred with collections.

We have a right to request and receive an itemized statement for any and all charges or amounts invoiced.

We understand that in the case of a disputed charge, it is our responsibility to notify the Xpress Urgent Care Billing Manager immediately upon receipt of our invoice, or within 30 days:

**Xpress Urgent Care – Corporate Billing
ATTN: Billing Department
1950 W Hillsboro Road
Deerfield, FL 33442**

Return Check Change:

A returned check (for any reason) will result in an additional fee of \$30.00 per each occurrence due immediately upon receipt.

*I acknowledge that I have received and understand the above Financial Responsibility policy.

Authorized Signature (Corporate Client)

10/05/2021

Date

Patri P. Medina

Print Name

HR Manager

Title

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