



THIS IS A XCC ACCOUNT!

Sagora/Elison Independent Living Of Lake Worth

Employer Address:

**3927 Hadjes Dr
Lake Worth, FL 33467**

Point of Contact(s) - to be used for authorization/questions/concerns.

Alana Shaw 817-586-2197 ashaw@sagora.com

Authorized Services –

5 PANEL DRUG SCREEN, Work Comp

Escreen Account –

Bill To Employer

Worker's Compensation Insurance(choose this in ECW)

Strategic Comp Services

Po Box 4080

Clinton, IA 52733-4080

DWC -25 must be sent via fax to:

N/A

E-mail DWC-25 to:

ashaw@sagora.com

Send completed to CorporateCare@xucfl.com

Company Information				
Company Name				
Address				
City			State	Zip
Phone #		Website		
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
Primary Billing Contact for your company (required field):				
Worker's Compensation Information				
Worker's Comp Carrier			Policy #	
Claims Address				
City			State	Zip
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				
Drug Screens bill to				
Physical Exam, Vaccines, Titters & Specialty services bill to				

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

Physical Exams:

Audiometry 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:

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 - 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 Alana Shaw _____ Date _____



CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, Bishop Lake Worth Lessee LLC, agree(s) to pay in full for all authorized services rendered at Xpress Urgent Care upon the receipt of our invoice.
(Company Name)

Late Charge:

Bishop Lake Worth Lessee LLC 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
PO Box 69
Jupiter, FL 33468**

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.

Tim Smith

Authorized Signature (Corporate Client)

06/24/22

Date

Tim Smith

Print Name

Manager

Title

Plan for the unexpected in your workplace Xpress Corporate Care