



THIS IS A XCC ACCOUNT!

Harbor Place at Port St Lucie

Employer Address: **3700 SE Jennings Road
Port St. Lucie, FL 34952**

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

**Mistee Gaubert 772-337-4330
mistee_gaubert@centurypa.com**

Authorized Services –

Work Physicals, PPD Skin Test, Chest X-ray for Positive PPD

Escreen Account – **N/A**

Worker's Compensation Insurance (chose this in ECW)
N/A

DWC-25 must be sent via fax to:
N/A

Email DWC-25 to:
N/A

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Xpress Urgent Care, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 4189	Requester's name and address (optional)
6 City, state, and ZIP code Deerfield Beach Florida 33442	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	5		4	4	6	0	3	7	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ 02/04/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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

Send completed to CorporateCare@xucfl.com

Company Information			
Company Name	Harbor Place at Port St. Lucie		
Address	3700 SE Jennings Road		
City	Port St. Lucie	State	FL
Phone #	772.337.4330	Website	www.ptstlucieharborplace.com
		Zip	34952

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
Mistee Gaubert	Business Office Director	772.337.4330	mistee-gaubert@centurytel.com	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
Primary Billing Contact for your company (required field):				
Mistee Gaubert	Business Office Director	772.337.4330	mistee-gaubert@centurytel.com	<input checked="" 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? 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screens bill to	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Exam, Vaccines, Titers & Specialty services bill to	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PPD, Chest X-Ray for positive TB

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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

- 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.

- 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)
 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 Mistee Gaubert Title Business Office Director

Company Representative Signature [Signature] Date 10/15/2021

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Xpress Corporate Care
Email: MMonroy@XUCFL.com

CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, Harbor Place at Port St. Lucie, 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:

Harbor Place at Port St. Lucie 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.

M. Gaubert
Authorized Signature (Corporate Client)

10/15/2021
Date

Mistee Gaubert
Print Name

Business Office Director
Title

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PROPOSAL FOR SERVICES AUTHORIZATION FORM

Company Name / Responsible Party	Harbor Place at Port St Lucie			
Billing Address	3700 SE Jennings Road			
City	Port St. Lucie	State	FL	Zip 34952
Phone	772-337-4330	Email		

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
PPD/Tuberculosis Skin Test	\$35
Chest X-Ray-Single View for Positive PPD	\$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.

RAOI PUENTE

Xpress Authorized Representative (Print)



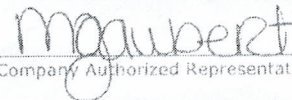
Xpress Authorized Representative (Signature)

10/15/2021

Date

Mistee Gaubert

Company Authorized Representative (Print)



Company Authorized Representative (Signature)

10/15/2021

Date