



THIS IS A XCC ACCOUNT!

## Helena Agri-Enterprises LLC

Employer Address:

**3630 Selvitz Rd  
Fort Pierce, FL 34981**

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

**Gail Cyr-Church 772-465-5616 x201 churchg@helenaagri.com**

**Cory Kelly 772-216-8281 kellyc@helenaagri.com**

Authorized Services –

**WORKER'S COMPENSATION, 5 PANEL DRUG SCREEN, PRE-  
EMPLOYMENT PHYSICAL, DOT PHYSICAL, MASK/RESPIRATOR FIT,  
BAT(BREATH AND ALCOHOL TEST),**

Escreen Account –

**Bill to employer**

Worker's Compensation Insurance(choose this in ECW)

**Broadspire  
PO Box 14345  
Lexington, KY 40512**

DWC -25 must be sent via fax to:

**N/A**

E-mail DWC-25 to:

**N/A**

Send completed to CorporateCare@xucfl.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
Primary Billing Contact for your company ( <b>required field</b> ):				
Worker's Compensation Information				
Worker's Comp Carrier			Policy #	
Claims Address				
City			State	Zip
Assigned Adjustor Name		Phone #	Email	
<p><b>Do you have a direct partnership with any third-party administrator?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><i>If yes, please complete the section below. If no, skip the TPA section.</i></p>				
TPA Information				
TPA Name				
Billing Address				
City			State	Zip
<p>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.</p> <p><input type="checkbox"/> YES, I understand.      <input type="checkbox"/> No, I would to discontinue using my TPA.</p>				
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				

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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.

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 Gail Cyr-Church Date \_\_\_\_\_

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## CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, \_\_\_\_\_, 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:

\_\_\_\_\_ 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.

\_\_\_\_\_  
Authorized Signature (Corporate Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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