



THIS IS A XCC ACCOUNT!

## Henderson Behavioral Health

Employer Address:

**4740 N State Rd 7 Ste 201  
Lauderdale Lakes, FL**

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

**Alicia Sukhu 954-777-1672 ascott-sukhu@hendersonbh.org**

**Robert Hardison 954-777-1633 bhardison@hendersonbh.org**

Authorized Services –

**5 PANEL DRUG SCREEN**

Escreen Account –

**PMA Management Corp**

Worker's Compensation Insurance(choose this in ECW)

**N/A**

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 Henderson Behavioral Health				
Address 4740 N. State Rd 7 Ste#201				
City Lauderdale Lakes			State FL	Zip 33319
Phone # (954) 777-1672		Website www.hendersonbh.org		
Primary Point(s) of Contact <small>(Check off if they are authorized to receive notes, results, or other sensitive information)</small>				
Name	Title/Role	Direct Phone #	Email	YES
Alicia Sukhu	Benefits Admin	(954) 777-1672	asukhu@hendersonbh.org	<input checked="" type="checkbox"/>
Robert Hardison	HR Director	(954) 777-1633	rhardison@hendersonbh.org	<input checked="" type="checkbox"/>
Primary Billing Contact for your company (required field):				
Alicia Sukhu	Benefits Admin	(954) 777-1672	asukhu@hendersonbh.org	<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? <input checked="" 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 PMA Management Corp. (PMAUC) Phone# (888) 476-2669				
Billing Address PO. Box 5231				
City Janesville			State WI	Zip 53547-5231
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. <input checked="" 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	<input checked="" type="checkbox"/>			
Drug Screens bill to		<input checked="" type="checkbox"/>		
Physical Exam, Vaccines, Titers & Specialty services bill to	<input checked="" type="checkbox"/>			



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:

Pre-Employment Basic Work Physical  DOT Physical Exam  
 PPD  2- Step PPD  Single View Chest X-Ray  QuantiFeron Gold Blood Test  
 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 Alicia Sukhu Title Benefits Administrator

Company Representative Signature Alicia Sukhu Date 2/22/22



**PROPOSAL FOR SERVICES AUTHORIZATION FORM**

Company Name / Responsible Party	Henderson Behavioral Health				
Billing Address	4740 N. State Rd 7 Ste# 201				
City	Lauderdale Lakes	State	Florida	Zip	33319
Phone	(954) 777-1672	Email	ascott-sukhu@hendersonbh.org		

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)
5 Panel Drug Screening, Urine	\$47.50

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)  
 Alicia Sukhu  
 Company Authorized Representative (Print)

\_\_\_\_\_  
 Xpress Authorized Representative (Signature)  
  
 Company Authorized Representative (Signature)

\_\_\_\_\_  
 Date  
 2/22/22  
 Date



### CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, Henderson Behavioral Health, 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:**

Henderson Behavioral Health understands that we are only financial responsible for any and all medical 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.  
(Company Name)

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.

Alicia Sukhu  
Authorized Signature (Corporate Client)

2/22/22  
Date

Alicia Sukhu  
Print Name

Benefits Administrator  
Title