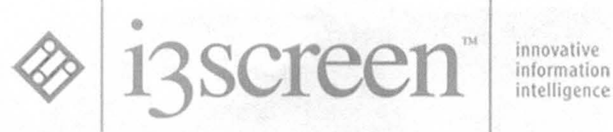

Billing information for client:

COMPANY:	**GREENWAY AUTOMOTIVE** 9001 East Colonial Drive Orlando, FL 32817 **DER**: KEN JACKSON **Phone**: 407-275-3200 ALT CONTACT: Brittany Sandoval 800.580.4505
SERVICES:	**DOT/Non-DOT Urine Collections** **HAIR** **DOT/NDOT BAT** **DOT/NDOT PHYSICAL**
	Donor will bring an authorization form confirming test(s) to be performed and reason for test(s)
MRO:	**I3SCREEN** Dr. David Nahin 9501 Northfield Blvd Denver, CO 80238 Phone: 877-585-7366 (opt 1 or 2) Fax: 855-253-5666
LABORATORY:	**Quest Diagnostics** 10101 Renner Blvd. Lenexa, KS 66219 **OR** **LabCorp** 1904 Alexander Drive Research Triangle Park, NC 27709
BILLING:	**I3Screen LLC** PO BOX 17409 Denver, CO 80238 PH: 877-585-7366 Fax: 855-211-3730 Email: AP@i3screen.com **Please also send a copy of your W-9 for invoice processing.**
COPIES OF CCF:	Immediately following each collection, please fax the MRO copy of the Custody & Control Form (CCF) to I3screen at **855-253-5666** or email them to **dataentry@i3screen.com**.
SPECIMEN SHIPPING:	All specimens are to be sent to the lab by a courier if available.
COPIES OF BAT AND PHY RESULTS	Once a BAT and/or Physical for a single participant has been completed, please immediately fax ALL pages of the result(s) to I3screen at **855-253-5666** or email to **dataentry@i3screen.com**.
NOTES:	**For collections, donor will typically bring in a paper Chain of Custody Form or a FormFox barcode if applicable.** **If needed, please alter a paper Chain of Custody for the donor using information provided on this protocol.** **If additional CCFs/Supplies are required at your facility,** please send an email to i3screen at supplies@i3screen.com. Indicate the quantity you would like shipped to your office for this client along with your clinic's physical address. **To expedite payment, please include supporting documents along with your invoice to i3screen as proof of service.**

If you need additional assistance, please contact:
Collection Site Management Team
i3screen
PH - (877) 585 – 7366, Option 3
CSM@i3screen.com

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

Send completed to CorporateCare@xucfl.com

Company Information

Company Name: Greenway Automotive DBA Kia of West Palm Beach

Address: 9001 East Colonial dr.

City: Orlando | State: FL | Zip: 32817

Phone #: 407-275-3200 | 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
Chelsea Box	Der/Acct manager	1800-580-4505 ext 1618	Chelsea.Box@ paycomonline.com	☐
				☐
Primary Billing Contact for your company *(required field)*:				
Nina hamilton	Billing manager	877-585-7366	AP@I3screen.com	☒

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: I3Screen LLC

Billing Address: P.O. Box 17409

City: Denver | State: CO | Zip: 80238

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	☐	☐	☐
Drug Screens bill to TPA I3Screen LLC	☐	☐	☐
Physical Exam, Vaccines, Titers & Specialty services bill to TPA I3Screen	☐	☐	☐

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Authorized Services

Mark all services to be included in your profile as authorized services:

Drug Screens:

- [x] Pre-Employment
- [ ] Reasonable Suspicion
- [ ] Post- Accident
- [x] Collection ONLY - Chain of Custody provided
- [ ] 5 Panel - XUC Account
- [x] 10 Panel - XUC Account
- [x] DOT
- [x] Breath Alcohol Testing NON-DOT
- [x] Breath Alcohol Testing DOT

- 4 panel no thc
- 8 panel no thc
- 9 Panel no thc

Physical Exams:

- [x] Pre-Employment Basic Work Physical
- [x] 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 - Diptheria - Pertusiss)
- [ ] 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 [signature] **Title** 6/6/22

Company Representative Signature Alexis Serrato **Date** 6/6/22

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Xpress Corporate Care
Email: REngdall@XpressFL.com

CORPORATE ACCOUNT FINANCIAL RESPONSIBILITY POLICY

We, I3Screen LLC (Company Name), agree(s) to pay in full for all authorized services rendered at Xpress Urgent Care upon the receipt of our invoice.

Late Charge:

I3Screen LLC (Company Name) **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.
45-60 days (NH)

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.

[signature] — **Authorized Signature (Corporate Client)**

06/06/22 — **Date**

Nina Hamilton — **Print Name**

Billing Coordinator — **Title**

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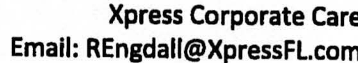
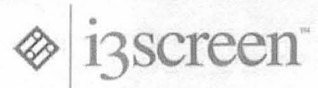


ORDER CONFIRMATION



PLEASE TAKE THIS PAGE WITH YOU TO THE SPECIMEN COLLECTION SITE.
YOU WILL BE REQUIRED TO PRESENT A GOVERNMENT ISSUED PHOTO ID.

If you are not able to print this, make sure to record the following order / registration number and bring it with you to your selected collection site.

Your order / registration will expire on February 18, 2022, at 11:59 PM.

TEST / SERVICES INFORMATION:

Service: BREATH NONDOT

Account Number:		Panel Code:	**NONDOTBREATHAL**
Order Number:	**2022021118057**		
Lab Name:	**i3screen**	Test Reason:	**PRE-EMPLOYMENT**

COLLECTION SITE:

PLEASE CALL THE COLLECTION SITE TO CONFIRM OPERATIONAL HOURS.
ARRIVE ONE HOUR BEFORE CLOSING TIME TO ENSURE TESTING CAN BE COMPLETED.

ARCPOINT LABS - FLORENCE, KY (MALL
8174 Mall Rd
Florence, KY 41042
PH: 859-444-6700
FX: 859-444-6704

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	Closed	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	Closed
Close		5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	
Lunch	Closed	Open	Open	Open	Open	Open	Closed

DONOR / PARTICIPANT INFORMATION:

EXAMPLE EXAMPLE - **********0000

CLIENT / EMPLOYER INFORMATION:

I3SCREEN CUSTOMER SERVICE
SCHEDULING (CS TESTING)
9501 Northfield Boulevard
Denver, CO 80230
Phone: 877-585-7366
Account #:

MRO INFORMATION:

9501 NORTHFIELD BLVD
DENVER, CO 80238
Phone: 877-585-7366
Fax: 855-253-5666

CUSTOMER SPECIFIC INSTRUCTIONS:

Use site's BAT forms for Breath Alcohol Test

Immediately after completion of Breath Alcohol Test, fax Breath Alcohol Test to i3screen at 855-253-5666 or email to dataentry@i3screen.com

Please fax BAT invoice to i3screen 855-211-3730

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

GREENWAY AUTOMOTIVE
KEN JACKSON
9001 E COLONIAL DRIVE
ORLANDO FL 32817
PH:407-275-3200-6421 FAX:--

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPH500020

JANELLE JAWORSKI MD
I3SCREEN
9501 NORTHFIELD BLVD
DENVER CO 80238
PH:877-585-7366 FAX:855-253-5666

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

( ) 32722N SAP 4/2000+6AM W/TS ( ) 32720N SAP 8 OP2K/6AM/TS ( ) 31906N SAP 9 OP2K/6AM/TS
( ) 26572N SAP 10-50/2K+6AM/T

H. Collection Site Name: Collection Site Code:
Address: Collector Phone No.:
City, State and Zip: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector — Time of Collection AM PM

(Print) Collector's Name (First, MI, Last) — Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO: ☐ Quest Diagnostics Courier ☐ FedEx ☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last) — Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact ☐ Yes ☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor — (PRINT) Donor's Name (First, MI, Last) — Date (Mo./Day/Yr.)

Daytime Phone No. ( ) — Evening Phone No. ( ) — Date of Birth Mo. Day Yr.

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

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