

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:

- Drug Screens:
- Pre-Employment Reasonable Suspicion Post- Accident
 - Collection ONLY - Chain of Custody provided
 - 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 _____ Title _____

Company Representative Signature _____ Date _____