

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 (required field):				
Worker's Compensation Information				
Worker's Comp Carrier			Policy #	
Claims Address				
City			State	Zip
Assigned Adjustor Name		Phone #	Email	
<p>Do you have a direct partnership with any third-party administrator? <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				



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 Priscilla Perozo Date _____

Plan for the unexpected in your workplace → Xpress Corporate Care



PROPOSAL FOR SERVICES AUTHORIZATION FORM

Company Name / Responsible Party	RESPONDER 1ST, LLC				
Billing Address	6036 NEWBURY CIR				
City	MELBOURNE	State	FL	Zip	32940
Phone	(321) 754-1600	Email	accounting@responderfirst.com		

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)
PRE-EMPLOYMENT PHYSICAL	\$95
DRUG SCREEN (10 PANEL)	\$45
TB SKIN TEST	\$35
QUANTIFERON- TB GOLD PLUS	\$150
MEASLES TITER	\$35
MUMPS TITER	\$35
MUMPS TITER	\$35
RUBELLA TITER	\$35
HEP B TITER	\$35
VARICELLA TITER	\$35
FLU VACCINE	\$35
TDAP	\$70
MASK FIT TEST	\$65
TOTAL:	\$705

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)
Priscilla Perozo
 Company Authorized Representative (Print)

 Xpress Authorized Representative (Signature)
Priscilla Perozo
 Company Authorized Representative (Signature)

 Date
4/7/2023
 Date