



**PROPOSAL FOR SERVICES AUTHORIZATION FORM**

Company Name / Responsible Party	<b>FREEBEE</b>				
Billing Address	371 NE 61 <sup>ST</sup> ST				
City	MIAMI	State	FL	Zip	33137
Phone	786-734-5294	Email	TATIANA@RIDEFREEBEE.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:

<b>Services:</b>	<b>Proposed Fee per individual Service(s)</b>
Drug Screen (all panels)	\$45
DOT Physical	\$110
Breath and Alcohol Testing	\$50
<b>TOTAL:</b>	<b>\$205</b>

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)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Authorized Representative (Print)

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

\_\_\_\_\_  
Date



Send completed to CorporateCare@xucfl.com

Company Information				
Company Name <b>Freebee</b>				
Address <b>371 NE 61st St.</b>				
City <b>Miami</b>			State <b>FL</b>	Zip <b>33137</b>
Phone # <b>7867345294</b>		Website <b>Ridefreebee.com</b>		
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
Tatiana Neblett	Recruitment Manager	8134706796	tna@ridefreebee.com	<input checked="" type="checkbox"/>
Angelica Jarquin	Coordinator/ Recruiter	7867345294	ca@ridefreebee.com	<input checked="" type="checkbox"/>
Primary Billing Contact for your company ( <i>required field</i> ):				
Katerina Ali	HR Manager	7867345294	ina@ridefreebee.com	<input checked="" type="checkbox"/>
Worker's Compensation Information				
Worker's Comp Carrier <b>Summit Consulting LLC</b>			Policy # <b>019650606</b>	
Claims Address <b>P.O Box 2928</b>				
City <b>Lakeland</b>			State <b>FL</b>	Zip <b>33806</b>
Assigned Adjustor Name <b>James Kane</b>		Phone # <b>1(800)282-7644</b>	Email <b>claimsfaxes@sum</b>	
<p><b>Do you have a direct partnership with any third-party administrator?</b>      <input type="checkbox"/> YES      <input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Screens bill to	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam, Vaccines, Titers & Specialty services bill to	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Tatiana Neblett Title Recruitment Manager

Company Representative Signature Tatiana N. Date 2/3/2023



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