



**RE: OCCUPATIONAL HEALTH SERVICES**

To Our Partner in Health:

Thank you for your interest in Fast Pace Health. Fast Pace is a Tennessee based urgent care and occupational medicine group that has been serving businesses since 2009. We provide a network of over 320 healthcare clinics in Alabama, Arkansas, Indiana, Kentucky, Louisiana, Mississippi, North Carolina and Tennessee.

To find a location nearest you please visit <https://www.fastpacehealth.com/locations/>. In addition, Fast Pace now operates the following brands: Christian Family Medicine and Reelfoot Family Walk-in Clinic in Tennessee, and Calcasieu in Louisiana. We appreciate the opportunity to serve your company.

Please find the attached:

- ***Customer Service Agreement (Attachment 1)*** - form which will provide billing and protocol information required to establish your account. Once completed please return all pages completed and signed to [Occupational.Health@fastpacehealth.com](mailto:Occupational.Health@fastpacehealth.com).
- ***Employer Authorization Form***, will be provided upon return of the Customer Service Agreement. Employer Authorization Form is ***required to be presented*** at each visit for treatment. If treatment requires a physical, a job description will need to accompany this form for Pre-employment and/or Fit for Duty (return to work) physicals to ensure that the proper assessment can be provided.

**Electronic Fund Transfer Services:** Employers are encouraged to take advantage of this expedited process of paying pending invoices. Please forward any electronic transfer documentation that you may require completed including state location to the following email.

For billing inquiries please contact: [ohs.billing@fastpacehealth.com](mailto:ohs.billing@fastpacehealth.com) or 888-202-5155.

**Our Occupational Health Team:**

John Harrison, Director, Employer Services, 615-334-7120

Carolyn Johnson, Occupational Health Account Coordinator, 615-334-7121

Chie Yang, Occupational Health Account Coordinator, 615-334-7119

Tylor Keenaghan, Occupational Health Account Coordinator, 615-908-0178

Please do not hesitate to contact our team should you need any additional information. You can reach our team by email at [Occupational.Health@fastpacehealth.com](mailto:Occupational.Health@fastpacehealth.com) or call us at (931)-253-1110.

Sincerely,

A handwritten signature in black ink that reads "Shane".

Shane Lacaillade

Senior VP, Operations



For Internal Use Only

eScreen Account:  
Account Number(s):

## Customer Service Agreement

Fast Pace Health – Employer Health Services

830 Crescent Centre Dr., Franklin, TN 37068

Email: Occupational.health@fastpacehealth.com

SECTION I: EMPLOYER INFORMATION			
Date		Third-Party Administrator (if applicable)	
Company Name			
Number of Employees		Self-Insured Health Insurance Carrier	Self-Insured: Yes No
Phone		Fax	
Main Company Address City, State, ZIP			
DESIGNATED EMPLOYER REPRESENTATIVE INFORMATION			
Primary Contact Name		Secondary Contact Name	
Title/Role		Title/Role	
Address City, State, ZIP		Address City, State, ZIP	
Phone		Phone	
Fax		Fax	
Email		Email	
BILLING INFORMATION			
<b>Primary Billing*</b> Select Billing Preference Below (Mail To Billing Address, Fax, Email)			
Billing Address City, State, ZIP			
Contact Name and Title			
Phone			
Fax			
Email			
<b>Workers' Comp Billing*</b>			
Carrier Name			
Billing Address: City, State, ZIP			
Contact Name and Title			
Phone			
Fax			
Are workers' comp claims to be billed to carrier or to your company?	Bill Carrier	Bill Primary Billing Address	
Are you interested in Direct Billing for Workers Compensation?	Yes	No	

SECTION II: REQUIRED SERVICES AND REPORTING		
<b>DRUG SCREENING</b>		
Observed Fee (99211OF) \$20  Urine Collection Only* (80306UC) \$40 <small>*only if Employer supplies their own Chain-of-Custody Form.</small>	Federal DOT (80306) \$65  Breath Alcohol Test (82075) \$50	eCup+11E Instant (80306) \$65  10 Panel Lab (80306) \$65  TN Drug Free (80306) \$65
<b>PHYSICAL EXAM</b>		
NonDOT Physical (99455ND) \$109  DOT Physical (99455) \$109	Fit For Duty (97161) \$109  Lift test (97161L) \$99	<b>OTHER</b>
<b>IMMUNIZATIONS</b>		
Tetanus, (Tdap) (90715) \$75  Tetanus, Diphtheria (90714) \$42		<b>OTHER</b>
<b>LABS</b>		
Hepatitis A Titer (86708) \$15  Hepatitis Panel 4 (80074) \$85  Varicella Titer (86787) \$70	Hepatitis B Titer (86317) \$15  PPD/TB Gold (86480) \$100  PPD Questionnaire (86580Q) \$15	Hepatitis C Titer (86803) \$15  MMR Titer (86735, 86765, 86762) \$100  <b>OTHER</b>
<b>TESTING</b>		
EKG (93000) \$60  Visual Acuity Test – Snellen (99173) \$20	Pure Tone Audiometry (92551) \$35  Chest X-ray 1 or 2 view (71046) \$100	Color Vision Exam (92283BCS) \$40  Audiogram (92552) \$55
<b>OTHER SERVICES AVAILABLE</b>		
Employer Membership Program	Onsite / Near Site	Occupational Health TPA
<b>OTHER</b>		
<b>WORKERS' COMPENSATION</b>		
Workers' Compensation Injury Treatment  Post-Accident Drug Screen Required (Please select from one below)	Indicate where Return to Work Status report is to be sent: Fax      Email	
Breath Alcohol Test Federal DOT eCup+11E Instant TN Drug Free 10 Panel Lab Based		
<b>Please indicate where and how breath alcohol tests and physical results are to be reported:</b>		
Email	Fax	Return with Employee
<b>Please list specific protocol instructions*</b>	Please check this if your company offers <b>Light Duty</b> for your employees following a w/c visit.	

**SECTION III:**
**BILLING AND PAYMENT INFORMATION**

**Balance Billing:** \*\* A monthly statement of open charges will be sent to you at the billing address on file. Customer agrees to net 30 terms from the date of each statement. If payment falls more than 60 days in arrears from any statement date, your account may be suspended until fully resolved. If payment falls more than 90 days in arrears from any statement date, Customer's account may be sent to collections for resolution and payment for additional services will be required at the time they are rendered. \*\*

**If you have some services that must be billed to an alternate billing address, please provide that information below:**

Name	
Address	
Phone	
Services to be billed at this address	

**Please list the Fast Pace Health facility/facilities that your company would like to use. If in a particular state please indicate that:**

Alabama	Louisiana	
Arkansas	Mississippi	
Indiana	North Carolina	
Kentucky	Tennessee	

**SECTION IV:**
**OTHER FEES & NOTES** (This section to be completed by business development representative)

**SECTION V:**
**CUSTOMER ACKNOWLEDGEMENT**

The initial term of this Agreement shall begin on the date it is executed by the Customer and shall expire after one (1) year. This Agreement shall thereafter automatically renew for additional one (1) year terms. This Agreement may be terminated by either party, for any reason or no reason at all, upon ninety (90) days' prior written notice. Pricing is subject to annual increases. Pricing increases will be discussed with and agreed upon by Customer prior to implementing the same.

Services provided under this agreement may be rendered by affiliates of FPMCM, LLC doing business under the trade names Fast Pace Health, Christian Family Medicine, Reelfoot Family Walk-in Clinic, Calcasieu or First Care; each such entity shall bill Customer for its services in accordance with this Agreement and shall be a third-party beneficiary of this Agreement.

Customer shall not, without obtaining the prior written consent of FPMCM, LLC, disclose any information relating to pricing, marketing materials or any other confidential information of Fast Pace Health or any third-beneficiary of this Agreement (collectively, "Confidential Information") except: i) to employees and agents of Customer with a need to know who are required to keep such information confidential; or ii) as required pursuant to a subpoena, order or request issued by a court of competent jurisdiction or by a judicial or governmental order or process.

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Customer Authorized Name

Title

X \_\_\_\_\_

Customer Authorized Signature

Date