

## **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 200 healthcare centers in Tennessee, Kentucky, Louisiana, Mississippi, and Indiana.

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, Reelfoot Family Walk-in Clinic, Calcasieu and First Care located in Tennessee, Kentucky, Louisiana, Mississippi, Alabama and Indiana. We appreciate the opportunity to serve your company's needs

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 <u>Occupational.Health@fastpacehealth.com</u>.
- *Employer Authorization Form*, is *required to be presented* at each visit for treatment. If treatment requires, 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 future billing inquires please contact: <a href="mailto:ohs.billing@fastpacehealth.com">ohs.billing@fastpacehealth.com</a>

### **Our Occupational Health Team:**

Chie Yang, Occupational Health Account Coordinator, Ext. 615-334-7119 Carolyn Johnson, Occupational Health Account Coordinator, Ext. 615-334-7121 John Harrison, Occupational Health Account Coordinator, Ext. 615-334-7120 Tylor Keenaghan, Occupational Health Account Coordinator, Ext. 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 <u>Occupational.Health@fastpacehealth.com</u> or call us at (931)-253-1110. Thank you again for choosing Fast Pace Health.

Sincerely, Shane Lacaillade

VP, Employer Services and Product Development

Fast Pace Health 6550 Carothers Parkway, Suite 225 Franklin, TN 37067 (931) 253-1110 fastpacehealth.com



# **Customer Service Agreement**

Fast Pace Health – Employer Health Services

6550 Carothers Parkway, Suite 225 Franklin, TN 37067

Email: Occupational.health@fastpacehealth.com

SECTION I: CUSTOMER INFORMATION				
Date	TPA Name			
Company Name	Name of Staffing Agency (if used)			
Number of Employees	Health Insurance Carrier			
Phone	Fax			
Main Company Address City, State, ZIP				
CUSTOMER INFORMATION				
Primary Contact/DER Name	Secondary Contact			
Title/Role	Title/Role			
Address City, State, ZIP	Address City, State, ZIP			
Phone	Phone			
Fax	Fax			
Email	Email			
	BILLING INFORMATION			
Primary Billing*				
Billing Address City, State, ZIP				
Contact Name and Title				
Phone				
Fax				
Email				
Workers' Comp Billing*				
Carrier Name				
Billing Address: City, State, ZIP				
Contact Name and Title				
Phone				
Fax				
Are workers' comp claims to be	□ Bill Carrier □ Bill Primary Billing Address			
billed to carrier or to your				
company?				
SECTION II:	REQUIRED SERVICES AND REPORTING			

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# fastpace health"

	DRUG SCREENING	
□ Urine Collection Only (80306UC) \$40	Federal / DOT (80306) \$65	10 Panel eScreen Instant (eCup+)(80306) \$65
□ Observed Fee (99211OF) \$20	Breath Alcohol Test (82075) \$50	10 Panel Lab (80306) \$65
		TN Drug Free (80306) \$65
	PHYSICAL EXAM	
🛛 Pre-Employment (99455ND) \$109	Fit For Duty (97161) \$109	OTHER
DOT Physical (99455) \$109	Lift test (97161L) \$99	OTHER
	IMMUNIZATIONS	
Flu Vaccine (90686) Pricing TBD	Tetanus, Diphtheria (90714) \$42	OTHER
🗆 Tetanus, (Tdap) (90715) \$75	Immunization Administration (90471) \$25	
	LABS	
🗆 Hep A Titer (86708) \$15	Hep B Titer (86317)\$15	□ Hep C Titer (86803) \$15
Hepatitis Panel 4 (80074) \$85	Venipuncture (36415) \$25	□ MMR Titer (86735, 86765, 86762) \$100
Varicella Titer (86787) \$70	PPD/TB Gold/Blood (86480) \$100	P PPD Questionnaire (86580Q) \$15
	OTHER	OTHER
□ EKG (93000) \$60	TESTING	Color Vision Exam (92283BCS) \$40
	Pure Tone Audiometry (92551) \$15	
□ Visual Acuity Test – Snellen (99173) \$20	Chest X-ray 1 or 2 view (71046) \$100	OTHER
Telemedicine	🗆 Onsite / Near Site	🗆 Behavioral Health
OTHER		
	WORKERS' COMPENSATION	
Workers' Compensation Injury Treatment		Indicate where Return to Work Status report is to be
		sent: Please indicate where to bill drug screen (Note: Any drug screen billed to work comp carrier & denied will be the responsibility of employer):
Post-Accident DrugScreen Required (If so please select from one below)		
□ Federal / DOT □ 10 Panel eScreen Instant (eCup+)		
Collection Only		Employer
TN Drug Free		Work Comp Carrier
Please indicate where and how breath alcoho	ol tests and physical results are to be reported:	
🗆 Email	□ Fax □ Return with Em	oloyee 🛛 Mail
Please list specific protocol instructions* Please check this note if your company offers Light Duty for your employees follow		
	Thease encert this note if your company of	ters <b>Light Duty</b> for your employees following a wye 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			
	alls more than 90 days in arrears from any statement date, Customer's account may be sent to collections for resolution and		
	al 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:			
TN KY IN LA	MS AL AR NC		

### 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.

**Customer Authorized Name** 

Title

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**Customer Authorized Signature** 

Date