EPN Select

CUSTOMIZED EMPLOYER SERVICE AGREEMENT

EMPLOYER/COMPANY	
ADDRESS	WORK COMP INSURANCE CARRIER
CITY, STATE, ZIP	ADDRESS
EMPLOYER CONTACT 1	CITY, STATE, ZIP
PHONE CELL FAX	PHONE FAX
EMPLOYER CONTACT 2	POLICY NUMBER
PHONE CELL FAX	HEALTHCARE INSURANCE CARRIER
NUMBER OF EMPLOYEES	OTHER INFO

SERVICES

Pre-employment Exam	$	Audiometry	$
Non-D.O.T. Exam	$	Spirometry	$
D.O.T. Exam	$	PPD	$
UDS Collection: *Lab preference*	$	Chest X-Ray (1 view)	$
UDS MRO	$	Chest X-Ray (2 view)	$
UDS D.O.T.	$	EKG	$
Blood Alcohol Testing	$	Tetanus	$
Venipuncture	$	Other	$
Breath Alcohol Testing	$	Other	$
Saliva Alcohol Testing	$	Other	$

INJURED WORKER INSTRUCTIONS

- ☐ REQUIRED ☐ NOT REQUIRED Written authorization prior to check in
- ☐ REQUIRED ☐ NOT REQUIRED UDS
- ☐ REQUIRED ☐ NOT REQUIRED *Other Test*
- ☐ REQUIRED ☐ NOT REQUIRED Fax DWC-25 & Exam notes to employer contact
- ☐ REQUIRED ☐ NOT REQUIRED *Other*

- EPN agrees to provide the above services at the agreed to prices for a period of one year from the date of this agreement. The agreement automatically renews each year. The agreement may be canceled by either party for any reason upon providing thirty (30) days written notice.
- EPN agrees to provide timely reporting of encounters to the Employer and the Carrier.
- EPN agrees to accurately invoice the Employer directly for the above non-work comp services. Invoices may be "list-bills".
- EPN's terms of payment are 30 days of receipt of bill.
- Employer agrees to keep EPN to update to changes in Worker's Compensation carrier coverage.

Employer (Please Print)	EPN CONTACT
Signature Date	Signature Date

EPN UrgentCare - Naples
6400 Davis Boulevard, Suite 103
Naples, FL 34104
239.775.2300 Fax 239.775.4312

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5068 Annunciation Circle, Suite 111
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