



Customer Service Agreement

AppleCare – Employer Health Services
 401 Mall Blvd | Suite 202E | Savannah, GA 31406
 Email: sales@applecaredoctors.com

SECTION I: COMPANY INFORMATION			
Date		TPA Name	
Company Name			
Number of Employees		Health Insurance Carrier	
Phone		Fax	
Main Company Address City, State, ZIP			
COMPANY 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	<input type="checkbox"/> Fax Invoices		
Email	<input type="checkbox"/> Email Invoices (Secure)		
Workers' Comp Billing*			
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?	<input type="checkbox"/> Bill Carrier <input type="checkbox"/> Bill Primary Billing Address	
SECTION II: REQUIRED SERVICES AND REPORTING		
DRUG SCREENING		
\$25.00 <input type="checkbox"/> Urine Collection Only (99000)	\$45.00 <input type="checkbox"/> 5 Panel External Lab non-DOT Drug Screen (80306)	\$40.00 <input type="checkbox"/> Breath Alcohol Test non-DOT (82075)
\$45.00 <input type="checkbox"/> 5 Panel In-House Drug Screen (80305)	\$79.00 <input type="checkbox"/> Hair 5 Panel Drug Screen, non-DOT (80307)	\$40.00 <input type="checkbox"/> Breath Alcohol Test DOT (82075D)
\$45.00 <input type="checkbox"/> 10 Panel In-House Drug Screen (80305B)	\$45.00 <input type="checkbox"/> 10 Panel External Lab non-dot Drug Screen (80306B)	\$10.00 <input type="checkbox"/> Breath Alcohol Test Confirmation (82075F)
\$45.00 <input type="checkbox"/> 5 Panel External Lab DOT Drug Screen (80306D)	\$20.00 <input type="checkbox"/> Nicotine instant (NICOTINE)	OTHER <input type="checkbox"/> _____
PHYSICAL EXAM		
\$85.00 <input type="checkbox"/> DOT Physical (DOTPH)	\$85.00 <input type="checkbox"/> Pre-Employment Physical (PHYSP)	\$85.00 <input type="checkbox"/> Fit for Duty Physical (PHYSF)
\$85.00 <input type="checkbox"/> General Physical (PHYS)	\$85.00 <input type="checkbox"/> Respiratory Clearance Physical (PHYSR)	OTHER <input type="checkbox"/> _____
PFT/RESPIRATOR TEST/QUESTIONNAIRE		
\$75.00 <input type="checkbox"/> PFT with questionnaire (94010, 99245)	\$45.00 <input type="checkbox"/> Respirator Questionnaire (99245.R)	
IMMUNIZATIONS		
\$25.00 <input type="checkbox"/> Flu Vaccine (FLU)	\$85.00 <input type="checkbox"/> Hep B Vaccine (90746)	\$45.00 <input type="checkbox"/> Tetanus, Diphtheria (90714)
\$85.00 <input type="checkbox"/> Tetanus, (Tdap) (90715)	\$25.00 <input type="checkbox"/> Immunization Administration (90471)	
Call for pricing & availability: <input type="checkbox"/> Varicella (VACVAR)	Call for pricing & availability: <input type="checkbox"/> MMR Vaccine (90707)	Call for pricing & availability: <input type="checkbox"/> Hep A Vaccine (90632)
LABS		
\$20.00 <input type="checkbox"/> Rubeola Antibody (86765)	\$50.00 <input type="checkbox"/> Hep B Titer (86706)	\$140.00 <input type="checkbox"/> ZPP (84202)
\$40.00 <input type="checkbox"/> Rubella Screen IgG (86762)	\$40.00 <input type="checkbox"/> PPD (TB Test) (86580)	\$21.00 <input type="checkbox"/> Mumps Antibody (86735)
\$48.00 <input type="checkbox"/> Varicella Zoster IgG (86787)	\$120.00 <input type="checkbox"/> PPD/TB Gold/Blood (86480)	\$40.00 <input type="checkbox"/> Blood Lead Level (83655)
\$85.00 <input type="checkbox"/> CBC (85025)	\$120.00 <input type="checkbox"/> CMP (80053)	\$60.00 <input type="checkbox"/> MMR Titer (MMRT)
\$25.00 <input type="checkbox"/> Venipuncture (36415)	OTHER <input type="checkbox"/> _____	OTHER <input type="checkbox"/> _____
TESTING		
\$125.00 <input type="checkbox"/> EKG (93000)	\$55.00 <input type="checkbox"/> OSHA Audio Exam (92552)	\$75.00 <input type="checkbox"/> Chest X-ray 1 view (71045)
\$25.00 <input type="checkbox"/> Visual Acuity Test – Snellen (99173)	\$35.00 <input type="checkbox"/> Pure Tone Audiometry (92551)	\$95.00 <input type="checkbox"/> Chest X-ray 2 view (71046)
\$20.00 <input type="checkbox"/> Color Vision Exam – Ishihara (99172)	\$60.00 <input type="checkbox"/> Biometric Screening (BIO)	\$50.00 <input type="checkbox"/> Chest X-ray “B-Read” (76140)
\$45.00 <input type="checkbox"/> Lift test (97750)		
TELEMEDICINE / ONSITE SERVICES		
<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Onsite / Near Site	

WORKERS' COMPENSATION

<input type="checkbox"/> Workers' Compensation Injury Treatment	Indicate where Return to Work Status report is to be sent:
<input type="checkbox"/> Post-Accident Drug Screen Required	Please indicate where to bill drug screen (Note: Any drug screen billed to work comp carrier & denied will be the responsibility of employer):
<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT (5,7,9 or 10 Panel) _____	
<input type="checkbox"/> Employer <input type="checkbox"/> Work comp carrier	

Please indicate where and how breath alcohol tests and physical results are to be reported"

Email Fax Return with Employee Mail

Please list specific protocol instructions*

SECTION III: BILLING AND PAYMENT INFORMATION

OPTION A: <input type="checkbox"/>	Recurring Payment (requires credit card) Pay via VISA, MasterCard, Discover Card or American Express with receipt emailed to the billing contact on file. Invoices are mailed on the 5 th business day of the month. Any billing discrepancies must be brought to our attention prior to the 20 th so we can make the necessary corrections before processing your credit card payment. Past due accounts will be assessed a late payment fee of 15%. Accounts with past due balances over 90 days old will be terminated until resolved in full. All accounts over 120 days may be sent to collections for resolution.
OPTION B: <input type="checkbox"/>	Balance Billing (requires approval and credit card* for balance billing) A monthly invoice of open charges will be sent to you at the billing address on file. Customer agrees to pay the invoice on the 20 th of each month. If payment falls more than 90 days in arrears, your account will be inactivated and referred to a collection agency for payment and services must be paid for at the time they are rendered. Past due accounts will incur a late payment fee of 15% of the outstanding balance. Accounts with past due balances over 90 days old will be terminated until resolved in full. All accounts over 120 days may be sent to collections for resolution.

I, _____ Authorize AppleCare LLC to charge my account for the balance due for payment of my account with AppleCare LLC.

CREDIT CARD INFORMATION

Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Cardholder Name [must match name on the card listed]	
Account Number	
Expiration Date	
Billing Zip Code	
3-digit security code	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AppleCare in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the noted payment dates fall on a weekend or holiday, I understand that payments may be executed on the next business day.

Credit Card Authorization Signature: _____



All accounts may be paid online via e-check by visiting https://applecaredoctors.com
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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 AppleCare facility/facilities that your company would like to use:

SECTION IV: OTHER FEES & NOTES

This section to be completed by business development representative

SECTION V: CUSTOMER ACKNOWLEDGEMENT

Employer Authorized Name	Title
X Employer Authorized Signature	Date

This agreement will remain in effect until either party gives written notice of change of service, terms, or termination. Agreement subject to annual increases. Increases will be discussed and agreed upon by all parties prior to implementing V2 Aug 2021