



6550 CAROTHERS PARKWAY SUITE 225
FRANKLIN TN 37067

To Whom It May Concern:

RE: OCCUPATIONAL HEALTH SERVICES

Thank you for your interest in Fast Pace Urgent Care's occupational health services. We appreciate the opportunity to assist in meeting your company's needs.

Please find attached:

- ***Employer Questionnaire*** form, which will provide billing and specific protocol information required to establish your account. Once completed please return pages two and three via email to ensure correct account setup specifications.
- ***Authorization for Examination and Treatment*** draft form, which is **required** at the time of visit for treatment. Please feel free to implement your own form if available or one will be generated for you when your account is set up. A job description will be needed as well 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 simple and 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 inquiries please contact: ohs.billing@fastpacehealth.com

Thank you again for considering Fast Pace Urgent Care to meet your company's occupational healthcare needs; we appreciate the opportunity to partner with you and your organization. FPUC offers multiple locations to assist in meeting your needs. To find a location nearest you please visit <https://www.fastpacehealth.com/locations/>

Please do not hesitate to contact our team should you need additional information.

Vickie Petty, Occupational Health Manager ext. 1109

Occupational Health Team – Occupational.Health@fastpacehealth.com

931-253-1110 option 6

or

Carolyn Johnson, OccHealth Coordinator

Ext. 1109



EMPLOYER QUESTIONNAIRE

COMPANY INFORMATION

Company Name:		Number of Employees:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Website:

CONTACT PERSON TO RECEIVE CONFIDENTIAL RESULTS

Name:		Title:
Phone:	Mobile:	Fax: Secure: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail:		EMR Passcode Six Characters:
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

BILLING INFORMATION – EMPLOYER PAID SERVICES

Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

For your convenience, electronic funds transfer is available. Please email for information or submit your EFT documents with this form.

WORK COMP - INSURANCE CARRIER INFORMATION

Insurance Carrier Name:		Policy Number:
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

THIRD PARTY ADMINISTRATOR INFORMATION

Third Party Administrator Name:		
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

Scan and Email completed form to Occupational.health@fastpacehealth.com

Fast Pace Health

Service Request –Protocols/State:

IN KY LA MS TN

Employer is a participant of a Federal/State Drug Free Work Force program (program requires lab-based drug testing): Yes No

Pre -Employment Drug and Alcohol Screenings				
<input type="checkbox"/>	Rapid Visual 12 Panel In-house Drug Screen <small>Non-Negative results will be sent for lab-based confirmation/Lab Based option needs selected as well if using Rapid.</small>			
<input type="checkbox"/>	DOT Urine Screening – Fast Pace Health Federal DOT Chain of Custody Form			
<input type="checkbox"/>	Lab Based 10 Panel – Fast Pace Health Non Federal Chain of Custody Form			
<input type="checkbox"/>	Urine Collection Only	Employer Provided Lab Based Chain of Custody Form		
		<input type="checkbox"/> Employees will arrive w/supplies – OR – <input type="checkbox"/> Employer will send supplies to clinic.		
<input type="checkbox"/>	Observed Fee	Please call clinic on day of service to ensure appropriate personnel onsite. Employers may be required to send company representative due to same sex observer regulations.		
<input type="checkbox"/>	Breath Alcohol Test	BAT Breath Alcohol Test *Available in certain locations.		
Post Accident / Post Injury		Choose One:	Random/Reasonable Suspicion	
<input type="checkbox"/>	Rapid Visual In-house Drug Screen	<input type="checkbox"/> Bill Employer <input type="checkbox"/> Bill Workers Compensation Insurance	<input type="checkbox"/>	Rapid Visual In-house Drug Screen
<input type="checkbox"/>	Lab Based Fast Pace COC Drug Screen <input type="checkbox"/> Federal Fast Pace Health COC <input type="checkbox"/> Non-Federal Fast Pace Health COC (10 Panel)		<input type="checkbox"/>	Lab Based Fast Pace COC Drug Screen <input type="checkbox"/> Federal Fast Pace Health COC <input type="checkbox"/> Non-Federal Fast Pace Health COC (10 Panel)
<input type="checkbox"/>	Urine Collection Only (Employer Provided Lab Based COC)		<input type="checkbox"/>	Urine Collection Only (Employer Provided Lab Based COC)
<input type="checkbox"/>	Observed Collection		<input type="checkbox"/>	Observed Collection
<input type="checkbox"/>	BAT Breath Alcohol Test		<input type="checkbox"/>	BAT Breath Alcohol Test
Employer Lab Preference				
Lab Test Panel Number		<i>Not Applicable if using FPH Chain of Custody Forms</i>		
Physicals	Diagnostic/Add-on Services	Vaccines	Titers	
<input type="checkbox"/> DOT/DOE Physical Appointment Preferred <input type="checkbox"/> Non DOT/Pre-Employment <input type="checkbox"/> Work Related Physical Job Description Required <input type="checkbox"/> Lift Test	<input type="checkbox"/> TB Skin/PPD <input type="checkbox"/> TB Questionnaire <input type="checkbox"/> Quantiferon Gold TB Test <input type="checkbox"/> Chest X-Ray Requires Provider Evaluation <input type="checkbox"/> Vision Screen Snellen /Color-Blind <input type="checkbox"/> Audiometry Hearing Test Clinic Specific	<input type="checkbox"/> Flu (Influenza) <input type="checkbox"/> Pneumonia Available by Request <input type="checkbox"/> TDaP <input type="checkbox"/> Tetanus & Diphtheria (Td) <input type="checkbox"/> Hepatitis B Vaccine 3- Dose Series Available by Request- Appointment Only	<input type="checkbox"/> Hepatitis A Titer <input type="checkbox"/> Hepatitis B Titer <input type="checkbox"/> Hepatitis C Titer <input type="checkbox"/> Hepatitis Panel 4 <input type="checkbox"/> Hepatitis C Testing Panel <input type="checkbox"/> MMR Titer (1), (2), (3) <input type="checkbox"/> Varicella <input type="checkbox"/> Blood Collection	
Workers' Compensation				
<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	Do you have Lite Duty Available (<i>job description required</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Authorization Form is Required in order to administer treatment.

Employer-Provided Employer Authorization Form -OR- Fast Pace-Provided Employer Authorization Form

COVID RAPID TESTING / PROVIDER EXAM (May require PCR Lab Based Overread) COVID LAB BASED PCR TESTING / PROVIDER EXAM

Signature: _____

Title: _____

Date: _____

FAST PACE HEALTH – AUTHORIZATION FOR EXAMINATION OR TREATMENT

Patient must present **PHOTO ID** and **AUTHORIZATION FORM** at time of service.

EMPLOYER INFORMATION			
Employer Name:	Fast Pace Account #:		
Employer Contact Person:	Contact Person Phone:		
PATIENT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
SERVICES REQUESTED – PROTOCOLS			
Employer is a participant of the Federal Drug Free Work Force program: <input type="checkbox"/> Yes (Program requires Lab Based UDS) <input type="checkbox"/> No			
Reason for Testing (Select One) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Pre-Employment </div> <div style="width: 45%;"> <input type="checkbox"/> DOT Return to Work (Same Sex Observed-Federal COC) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Post-Accident/Post Injury </div> <div style="width: 45%;"> <input type="checkbox"/> Random/Reasonable Suspicion </div> </div>			
Drug Screen Type (Select Service)			
<input type="checkbox"/> Rapid In-house 12 Panel Visual Drug Screen		<input type="checkbox"/> Urine Collection Only (Utilize Employer Chain Of Custody)	
<input type="checkbox"/> Lab Based Fast Pace Health COC Drug Screen		<input type="checkbox"/> Observed Collection (Same Sex Observer)	
<input type="checkbox"/> Federal Fast Pace Health COC		<input type="checkbox"/> BAT Breath Alcohol Test	
<input type="checkbox"/> Non Federal Fast Pace Health COC			
Physicals	Diagnostic/Add-on Services	Vaccines	Titers
<input type="checkbox"/> DOT/DOE Physical Appointment Preferred <input type="checkbox"/> Non DOT/Pre-Employment <input type="checkbox"/> Work Related Physical Job Description Required <input type="checkbox"/> Lift Test <input type="checkbox"/> Basic Assessment Minimal Vitals – Form Fee	<input type="checkbox"/> TB Skin/PPD <input type="checkbox"/> TB Questionnaire <input type="checkbox"/> QuantiFERON Gold TB Test <input type="checkbox"/> Chest X-Ray Requires Provider Evaluation <input type="checkbox"/> Vision Screen Snellen/Color-Blind <input type="checkbox"/> Hearing Test Audiometry Machine Clinic Specific	<input type="checkbox"/> Flu (Influenza) <input type="checkbox"/> Pneumonia Available by Request <input type="checkbox"/> TDaP <input type="checkbox"/> Tetanus & Diphtheria (Td) <input type="checkbox"/> Hepatitis B Vaccine 3- Dose Series Available by Request- Appointment Only	<input type="checkbox"/> Hepatitis A Titer <input type="checkbox"/> Hepatitis B Titer <input type="checkbox"/> Hepatitis C Titer <input type="checkbox"/> Hepatitis Panel 4 <input type="checkbox"/> Hepatitis C Testing Panel <input type="checkbox"/> MMR Titer (1), (2), (3) <input type="checkbox"/> Varicella <input type="checkbox"/> Blood Collection
Workers' Compensation			
<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	Do you have Lite Duty Available (<i>job description required</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTES/ADDITIONAL SERVICES			
<input type="checkbox"/> COVID Rapid Test / Provider Exam (May require PCR Lab Based Overread) <input type="checkbox"/> COVID Lab Based Test PCR testing / Provider Exam			
EMPLOYER AUTHORIZATION			
Signature:			Date: