



Clinic Service Setup

Company Information

Business Name		Doing Business As (DBA)	
Address			
City	State	Zip Code	Parish/County
Accounting Address			
City	State	Zip Code	Parish/County
Accounts Payable Contact		Accounts Payable Email	
Accounting Phone Number		Accounting Fax Number	
Credit Terms Requested	Credit Card	Net 45	Other
Years in Business	Federal Tax Number		
HSE Supervisor	Phone Number	Email	

Credit Limit Requested _____

Does your company handle invoice payments via EFT? Yes No

Does your company require invoices to reference a PO or job site? Yes No

Select All MMU Locations Employees Will Need Access To

Corporate Clinic

1028 Forum Dr. | Broussard, LA | 70518
P: 337-704-0981 | F: 337-704-0982
Xmdcorporateclinic@xstrememd.com

Carlsbad

4103 Tidwell | Carlsbad | NM | 79770
P: 337-205-9314 | F: 337-205-9315
carlsbadmmu@xstrememd.com

Kenedy

8730 Hwy 181 Unit G | Kenedy, TX | 78119
P: 337-704-0930 | F: 337-704-0929
kenedymmu@xstrememd.com

Midland

2600 FM 307 | Midland, TX | 79706
P: 337-207-8165 | F: 337-205-8166
midlandmmu@xstrememd.com

Orla

4283 Hwy 285 N. | Orla, TX | 79770
P: 337-205-9314 | 337-205-9315
orlammu@xstrememd.com



Subcontractor Coverage

Injury / Illness Treatment

Work Related Injury Treatment Only (XMD does not bill Workers Comp)

Personal Illness Treatment

Drug and Alcohol Testing

Urine Drug Collections

Hair Collection

Breath Alcohol Screens / Confirmations

Respiratory Protection

Respiratory Fit Test

Spirometry

Hearing Protection

Audiometry Testing

Physicals

Urine Drug Collections

DOT Physicals
(Midland and Corporate Clinic ONLY)

Fit for Duty Exams

COVID-19 Testing

PCR Nasopharyngeal Swab

Rapid Antigen Nasal Swab

Does your company have a Third Party Administrator (TPA) for testing services?

Yes

No

TPA Name (example DISA, Team Professional Etc.) _____

Contact Information (list those who may receive results)

Primary Contact

Email

Phone

Fax

Secondary Contact

Email

Phone

Fax

Who can Authorize Treatment? _____

Safety & Supervisor _____



Past Due Invoice Notice

I understand that nonpayment (or invoices reaching (90) days past due will result in all services being suspended for employees of your company until account is paid in full.

Initials

Insurance Disclaimer

I understand that XstremeMD will bill for services rendered, and I agree to pay such billing within forty-five (45) days of the mailing of such billing for the services provided. I understand the employer is responsible for payment of such billing. I understand that **XstremeMD DOES NOT bill Medicare, Medicaid, workers compensation or private insurance.** If invoices are being sent to your worker's comp carrier, you are still expected to pay XstremeMD for the invoice by the due date.

Initials

Authorization for Release of Information

I hereby warrant that the above information is true and correct and is furnished to establish a business relationship with Life Line Technologies, LLC DBA XstremeMD. I hereby agree that XstremeMD may investigate my record and that, if approved, XstremeMD may furnish this authorization to secure the information they need to establish a business relationship.

Printed Name

Date

Signature

Date

Please send this completed form to customer@xstrememd.com