



Clinic Service Setup

Accounting Information

| | |
|----------------------|-------------------------|
| Business Name | Doing Business As (DBA) |
| <input type="text"/> | <input type="text"/> |

| |
|----------------------|
| Address |
| <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| City | State | Zip Code | Parish/County |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| |
|----------------------|
| Accounting Address |
| <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| City | State | Zip Code | Parish/County |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--------------------------|------------------------|
| Accounts Payable Contact | Accounts Payable Email |
| <input type="text"/> | <input type="text"/> |

| | |
|-------------------------|-----------------------|
| Accounting Phone Number | Accounting Fax Number |
| <input type="text"/> | <input type="text"/> |

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Credit Terms Requested | Credit Card | Net 45 | Other |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| Years in Business | Federal Tax Number |
| <input type="text"/> | <input type="text"/> |

| | |
|----------------------|----------------------|
| HSE Supervisor | Email |
| <input type="text"/> | <input type="text"/> |

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

Carlsbad

Johnsons Corner

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

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

10987 Highway 73 | Watford City, ND | 58654
P: 701-286-1548 | F: 701-248-1549
jcmu@xstrememd.com

Kenedy

Lindsay

Midland

Orla

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

405 Industrial Park | Lindsay, OK | 73052
P: 405-764-0035 | F: 405-764-0036
lindsaymmu@xstrememd.com

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

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



Check service items your company will be using

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 Ect.)

Contact Information (list those who may receive results)

Table with 2 columns: Contact Name, Email. Rows for Primary Contact(s), Phone, Fax, Secondary Contact, Email.

Who Can Authorize Treatment?

Safety & Supervisor



Past Due Invoice Notice

I understand that nonpayment (or invoices reaching ninety (90) days past due) will result in all services by XstremeMD being suspended for employees of your company until your 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 thirty (30) days of the mailing of such biling 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

Signature

Date

Please send this completed form to unaffiliated@xstrememd.com

