



101 Wilson Dr. Ste. 101 Floresville, TX 78114

830-393-3133

As of _____, of 20 _____, **Floresville Elite Care Clinic** has extended a service agreement for Occupational Medicine Services to the City of LaVernia; Hereinafter referred to as the client.

1). Terms of Agreement

- The agreement to perform occupational healthcare services will remain effective for the period of one (1) year.
- Pricing will be honored for the term of the year of the contract and may be subject to change when the contract is renewed on an annual basis.

2). Services

- **Floresville Elite Care Clinic** will perform the requested occupational medicine services at the contracted rate. See fee schedule for current rates.
- **Floresville Elite Care Clinic** will perform any additional services that are requested at an additional cost.
- **Floresville Elite Care Clinic** will provide all results to the client only and within a timely manner.

Preferred method to send results: 1

_____ Email- Please provide a secure email for your company. These emails will be sent encrypted. The encryption only allows the email recipient to access the email.

Secure Email: _____

_____ Fax- Please provide your secure fax number. Fax Number: _____

_____ Send results with the employee (Not recommended)

3). Billing and Payment

- Charges for services will be paid according to the current price list for **Floresville Elite Care Clinic during the term of this current contract.**
- Client agrees to allow the facility to bill insurance for work related injuries.
- Client agrees to remit payment for services provided within 30 days of the receipt of invoice.

FLORESVILLE
ELITE
CARE CLINIC

101 Wilson Dr. Ste. 101 Floresville, TX 78114

830-393-3133

Billing Address: _____ Phone Number: _____

Contact Person: _____ Email: _____

Signature of Emergency Care of Floresville, LLC
Representative

Signature of Client

Please send this requisition form with each client that you are requesting Occupational Medicine Services for. This requisition form is considered a formal request for services and an acknowledgement of fees to be invoiced to you by **Floresville Elite Care Clinic**.



101 Wilson Dr. Ste. 101 Floresville, TX 78114

830-393-3133

Occmed Requisition Form

Potential/Current Employee:

Client Requesting Services:

Contact Person and Telephone Number:

Available Services	Check If Needed
Pre-employment Rapid Result Drug Screen	
Observed Collection of In-House Rapid Drug Screen	
Blood Alcohol Test	
Pre-Employment Physical	
TB/PPD Skin Test	
Chest X-ray (for previous + TB test)	
Post Injury Physical Exam	
Return-to-work Office Visit	
COVID-19 Rapid Test	
COVID-19 PCR Test	
DOT Physical Exam	

FL  **RESVILLE**
ELITE
CARE CLINIC

101 Wilson Dr. Ste. 101 Floresville, TX 78114

830-393-3133

Additional Comments or Remarks:	
Clients Signature:	Date:

Fee Schedule		
Test Description	Service Fee	Service Required
Pre-Employment Physical Exam	\$99	<input type="checkbox"/>
Post Injury Physical Exam	\$75	<input type="checkbox"/>
DOT Physical Exam	\$99	<input type="checkbox"/>
In House Drug Screen	\$50	<input type="checkbox"/>
Blood Alcohol Test	\$125	<input type="checkbox"/>
TB/PPD Test	\$40	<input type="checkbox"/>
Chest X-RAY 2 View	\$100	<input type="checkbox"/>
EKG-12 LEAD	\$100	<input type="checkbox"/>
COVID-19 Rapid Test	\$150	<input type="checkbox"/>
COVID-19 PCR Test	\$150	<input type="checkbox"/>