





# Customer Service Agreement

Urgent Care TX – Correctional Client Health Services

1208 W Henderson St. Suite A| Cleburne, TX 76033

Phone: 682.317.1500 | Fax: 682-317-1553 | Email: [jason@urgentcaretx.com](mailto:jason@urgentcaretx.com)

## SECTION I: COMPANY INFORMATION

Today's Date	Feb. 11, 2019	TPA Name	
Company Name			
Number of Employees	N/A	Health Insurance Carrier	N/A
Phone		Fax	
Main Company Address City, State, ZIP Code	Johnson County 2 Main Street Cleburne, TX 76033		

## COMPANY INFORMATION

<u>1. Primary Contact/DER Name</u>	Kathryn Dykes	<u>2. Secondary Contact</u>	Ashley Lawrence
Title/Role	HSA	Title/Role	Chronic Care Coordinator
Address City, State, ZIP Code	1800 Ridgmar Dr. Cleburne, TX 76031	Address City, State, ZIP Code	1800 Ridgmar Dr. Cleburne, TX 76031
Phone	817-556-6010	Phone	817-556-6010
Fax	817-556-6084	Fax	817-556-6084
Email	kdykes@johnsoncountytexas.org	Email	aslawrence@johnsoncountytexas.org

## BILLING INFORMATION

<u>Primary Billing*</u>	
Billing Address City, State, ZIP Code	1800 Ridgmar Dr. Cleburne, TX 76031
Contact Name and Title	ATTN: Kathryn Dykes, HSA
Phone	817-556-6010
Fax	817-556-6084
Email	kdykes@johnsoncountytexas.org <input type="checkbox"/> Email Invoices

<u>Workers' Comp Billing</u>	
Carrier Name	N/A
Billing Address	
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

\*Provide alternate billing addresses on page 3

**SECTION II:**

**REQUIRED SERVICES AND REPORTING**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 5 Panel In-house Drug Screen non-DOT (80300.5I)        | <input type="checkbox"/> Respiratory Clearance Physical (99385.R)   | <input type="checkbox"/> Hep B Vaccine (90746)           |
| <input type="checkbox"/> 10 Panel In-house Drug Screen non-DOT (80300.10I)      | <input type="checkbox"/> History Review W/O Exam (99385.P0010)      | <input type="checkbox"/> Hepatitis B Titer (86706)       |
| <input type="checkbox"/> 5 Panel External Lab <b>DOT</b> Drug Screen (80300.D)  | <input type="checkbox"/> EKG (93000)                                | <input type="checkbox"/> Tetanus,Diphtheria (90714)      |
| <input type="checkbox"/> 5 Panel External Lab Drug Screen, non-DOT (80300.5L)   | <input type="checkbox"/> Pure Tone Audiometry (92552)               | <input type="checkbox"/> Tetanus, (Tdap) (90715)         |
| <input type="checkbox"/> 10 Panel External Lab Drug Screen, non-DOT (80300.10L) | <input type="checkbox"/> OSHA Audio Exam (92552.O)                  | <input type="checkbox"/> PPD (TB Test) (86580)           |
| <input type="checkbox"/> Urine Collection Only, <b>DOT</b> (99000.D)            | <input type="checkbox"/> Visual Acuity Test (99173)                 | <input type="checkbox"/> PPD/TB Q Gold/Blood (86480.PPD) |
| <input type="checkbox"/> Urine Collection Only, non-DOT (99000.N)               | <input type="checkbox"/> Color Vision Exam (92283)                  | <input type="checkbox"/> MMR Vaccine (90707)             |
| <input type="checkbox"/> Breath Alcohol Test <b>DOT</b> (82075.D)               | <input type="checkbox"/> Hep A Vaccine (90632)                      | <input type="checkbox"/> Varicella-Zoster (86787)        |
| <input type="checkbox"/> Breath Alcohol Test non-DOT (82075.N)                  | <input type="checkbox"/> Spirometry/Breathing Capacity Test (94010) | <input type="checkbox"/> Rubella Antibody (86762)        |
| <input type="checkbox"/> DOT Physical (99385.D)                                 | <input type="checkbox"/> Chest X-ray 1 View (71010)                 | <input type="checkbox"/> Mumps Antibody (86735)          |
| <input type="checkbox"/> General Physical (99385.G)                             | <input type="checkbox"/> Chest X-ray 2 View (71020)                 | <input type="checkbox"/> Rubecola Antibody (86765)       |
| <input type="checkbox"/> Pre-Employment Physical (99385.P)                      | <input type="checkbox"/> Flu Vaccine (90658)                        | <input type="checkbox"/>                                 |
| <input type="checkbox"/> Other:   | <input type="checkbox"/>  | <input type="checkbox"/>                                 |

**\*EMPLOYEE MUST BRING IN COMPLETED AUTHORIZATION FORM FOR SERVICES TO BE PERFORMED**

<b>WORKERS' COMPENSATION</b>	Indicate where the Return to Work Status report is to be sent:
<input type="checkbox"/> Workers' Compensation Injury Treatment	
<input type="checkbox"/> Post-Accident Drug Screen Required	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT (5, 7, 9, or 10 Panel)

**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\***

\*Doctors Care will report results and applicable information as specified above

**SECTION III:****BILLING AND PAYMENT INFORMATION****OPTION A:  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 2nd business day of the month and are due on the 20th. Payments for accounts with a credit card on file will be processed after the 20th of each month. Any billing discrepancies must be brought to our attention prior to the 20th so we may 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 60 days old will be terminated and referred to a collection agency for payment.

**OPTION B:  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 within 30 days of receipt. If payment falls more than 60 days in arrears, services must be paid for at the time they are rendered.

Pursuant to Texas Government Code Section 2251.021 and this Agreement, a payment by a governmental entity under a contract is overdue on the 31st day after the later of:

- a. the date the governmental entity receives the goods under the contract;
- b. the date the performance of the service under the contract is completed; or
- c. the date the governmental entity receives an invoice for the goods or service.

Pursuant to Texas Government Code Section 2251.021 and this Agreement, a payment begins to accrue interest on the date the payment becomes overdue. The rate of interest that accrues on an overdue payment is the rate in effect on September 1 of the fiscal year in which the payment becomes overdue. The rate in effect on September 1 is equal to the sum of: (1) one percent; and (2) the prime rate as published in the Wall Street Journal on the first day of July of the preceding fiscal year that does not fall on a Saturday or Sunday. Interest on an overdue payment stops accruing on the date the governmental entity or vendor mailed or electronically transmits the payment.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Urgent Care TX 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 above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

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 to this address	

**SECTION V:****FEES & NOTES**

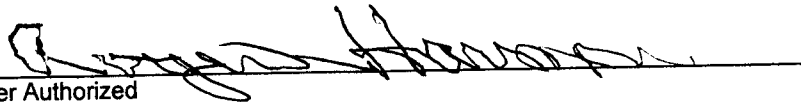
Health services rendered will be at a flat rate of \$150 for all minor illness and injuries including x-rays and injections. Women wellness and pregnancy exams, server health illnesses and injuries, splinting and suturing will be at a flat rate of \$250. The assessment of health services needed will be determined by the Johnson County Jail Nurse and the provider staff on duty at Urgent Care TX.

In the event that a security risk is assessed, Johnson County Jail will manage the situation and will determine if additional police support is required and Johnson County Jail officials will be notified. In the event of a breach of security of the safety and security of Urgent Care TX employees and/or customers 911 will be called immediately and Johnson County Jail officials will be notified.

Roger Harmon  
Employer Authorized Name

County Judge, Johnson County  
Title

X  
Employer Authorized  
Signature



February 11, 2019  
Date

This agreement will be in effect until either party gives written notice of change of service, terms or termination.