TrustCareHealth

TrustCare Health Employer Services

Clinical On-Site Event Agreement

onsiteevents@trustcarehealth.com

Company: ____ Company Phone: ____________________

Company Address: ____

Contact Information:

Company Contact: ____ Phone: __________________

Email: ____

Billing Information:

☐ Same as above contact

Billing Contact: _______________________________________ Phone: ___________________________

Invoicing Email: ____

Primary payer:

☐ Employer responsibility ☐ Employee (patient) responsibility

☐ Employee (patient) insurance carrier: ____

Secondary payer:

(only applicable if primary payer is insurance)

☐ Employer responsibility ☐ Employee (patient) responsibility

*A copy of the employee's driver's license and insurance card (if applicable) will be required. In the event that the employee does not bring their insurance card or coverage is inactive, a bill will be sent to the employee directly for services rendered. The employee may contact the TrustCare billing department at (601) 707-3279 to update their carrier information.

Event Details:

Inside/Outside: ________ Requested Date/Time: _________________ Alternate Date/Time: __________________

Number of employees participating _______________. If your total number to show is less than 85% of the number of participants given, there will be a $25 charge per person. Additionally, there is a $100/hour fee for any time over the requested time frame. Must give a 48-hour notice prior to cancelling on-site service.

Service Details:

Services Requested: ____

Additional Comments: ____

____

You will be contacted by TrustCare to confirm the requested services and date.

Signature ______________________________ Date ______________

For Internal Use Only

Staff On-Site Lead Contact ______________________________

Testing Type/Amount ______________________________

Equipment Required ______________________________

Staff Type/Amount ______________________________

Travel Info ______________________________

Total Participants ______________________________

Pricing based on services requested ______________________________