



Letter of Agreement for Occupational Health and Urgent Care Services

Through a series of communications,
and Business has reached an agreement regarding the delivery of Occupational Health and Urgent Care Services. The purpose of
this document is to set forth this agreement. The following is information and point(s) of contact for Business: _____

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Contact: _____ Work Phone: (_____) _____ - _____
Phone: (_____) _____ - _____ Fax Number: (_____) _____ - _____ E-mail: _____
Additional Contact Name(s): _____
Title / Dept: _____ Phone: (_____) _____ - _____

It is agreed that _____ (*Business name*) will utilize us for the agreed upon occupational health and
urgent care needs. The physicians and other practitioners who evaluate the Business's current and/or prospective workers will complete all appropriate
documents to render services and medical treatment. It is further understood that _____ (*Business name*)
will specify the services required in the Employer Instruction Form. If further tests or other services are required, we will notify

Contact name/Dept: _____ at Phone: (_____) _____ - _____

Services are payable as rendered. _____ (*Business name*) agrees to pay us
or the Franchised Business within 30 days after receipt of services and/or invoice. Employer paid service arrangements can be arranged through the
center administrator.

BILLING ADDRESS	Check here if billing address is the same as above
Different Billing Address: _____	
City: _____	State: _____ Zip: _____

This agreement will be in force for the period of:

Month _____ Day _____ Year _____ through Month _____ Day _____ Year _____

for consecutive 12 month periods thereafter, unless either party provides written notification of termination within 30 days of the end of each 12 month period.
This agreement can also be terminated by either party, provided thirty (30) days advance written notice is given. We review our prices on a yearly basis.

_____ (*Business name*) will be notified of price changes for

Occupational Health and Urgent Care Services. It is so agreed on Month _____ Day _____ Year _____ .

Franchised Business Representative

Business Owner/Representative

Title

Title