



Protecting our partners' most valuable assets.

Clinic Service Setup

Business Name _____

Doing Business as (DBA) _____

Street Address _____

Accounting Address _____

City _____ State _____ Zip _____

Accounting Phone _____ Fax _____

Accounts Payable Contact _____

Accounts Payable Email _____

Credit Terms Requested _____ Credit Card _____ Net 45 _____ Other _____

Years in Business _____ Federal Tax Number _____

HSE Supervisor Name _____

Email _____

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

If yes, please contact Sidney or Tiffany to provide all required information via phone at 337-704-0891 or email at accounting@xstrememd.com

Requested Service Location

Select the MMU locations your employees will need access to

Corporate Clinic

1028 Forum Dr. | Broussard, LA | 70518
Phone 337-704-0891 | Fax 337-704-0924
xmdcorporateclinic@xstrememd.com

CARLSBAD

4103 Tidwell | Carlsbad, NM | 88220
Phone 574-205-0320 | Fax 574-205-0321
carlsbadmmu@xstrememd.com

JOHNSONS CORNER

10987 HIGHWAY 73 | Watford City, ND | 58854
Phone 701-286-1548 | Fax 701-248-1549
jcmmu@xstrememd.com

KENEDY

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

MIDLAND

2600 FM307 | Midland, TX | 79706
Phone 337-205-8165 | Fax 337-205-8166
midlandmmu@xstrememd.com

ORLA

4281 Hwy 285 N. | Orla, TX | 79770
Phone 337-205-9314 | Fax 337-205-9315
orlammu@xstrememd.com

Case Management services available (see attached flier for more information)



1028 Forum Rd. | Broussard, LA 70518 | t: 1.877.520.2911 | f: 337.704.0924

FIN-112

06.22.20



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Requested Services

Please check the service items below that 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 Testing
- Spirometry

Hearing Protection

- Audiometry Testing

Physicals

- NON-DOT Physicals
- DOT Physicals *(Midland and Corporate Clinic ONLY)*
- Fit for Duty Exams

COVID-19 Testing

- Nasal Swab
- Rapid Antibody Test

Does your company have a TPA (Third Party Administrator) for testing services? Yes No

TPA Name (example DISA, Team Professional ect) _____

Please attach testing protocol or have your TPA send protocol to customer@xstrememd.com

CONTACTS (please include the phone, fax, and email for each contact)

Who can receive results?

Primary Contacts(s) _____

Secondary Contact _____

Who can authorize treatment? _____



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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 billing 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



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Clinics

Hours of Operation:

7:00 am to 5:00 pm Monday – Sunday

After Hour Rates Begin at 5:00 pm

Available (24/7) for emergent services

(Additional charges will apply, please call the clinic if after hours services are needed)

CARLSBAD

4103 Tidwell
Carlsbad, NM 88220
P: 575-205-0320
F: 575-205-0321
carlsbadmmu@xstrememd.com

MIDLAND

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

*DOT physical exam location

JOHNSONS CORNER

10987 Highway 73
Watfort City, ND 58854
P: 701-248-1548
F: 701-248-1549
jcmu@xstrememd.com

ORLA

4281 Hwy 285
Orla, TX 79770
P: 337-205-9314
F: 337-205-9315
orlamu@xstrememd.com

KENEDY

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

BROUSSARD - Corporate Location

1028 Forum Dr
Broussard, LA 70518
P: 337-704-0891
F: 337-704-0924
xmdcorporateclinic@xstrememd.com

* Dot physical exam location

* OGUK, USCG, Norweigan, Diving, Hazmat, Asbestos,
Travel consult, fitness assessment physical exams available