



**RESOLUTION NO. 20160927-21**

**AN AGREEMENT WITH HEALTHCARE EXPRESS FOR CERTAIN OCCUPATIONAL  
HEALTH AND SAFETY MANAGEMENT SERVICES**

**WHEREAS**, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

**WHEREAS**, the Board of Directors deems it necessary to procure certain employee occupational health and safety management services; and

**WHEREAS**, the Executive Director/CEO has reviewed the agreement and recommends acceptance by the Board of Directors;

**NOW, THEREFORE**, be it resolved by the Board of Directors that the Executive Director/CEO, Scott Norton, shall be and is hereby authorized to enter into an agreement with Healthcare Express on terms substantially the same as those attached hereto.

**PASSED and APPROVED** this 27th day of September, 2016

A handwritten signature in blue ink, appearing to read "D. Washington", is written over a horizontal line.

**Denis Washington, Chairman of the Board**

**ATTEST:**

A handwritten signature in blue ink, appearing to read "Melford Pierce", is written over a horizontal line.

**Melford Pierce, Secretary**

Attached: Healthcare Express Billing Agreement/Forms

Attached: Fee Schedule/Pricing

### Company Information

Company Name: Tex Americas Center Contact or DER: Marla Byrd  
Phone: 903-223-9841 Fax: 903-223-8742  
E-mail: marla.byrd@texamericascenter.com Would you like to receive our quarterly newsletter?  YES / NO

### Billing Information

#### Drug and Alcohol Billing

Company Name: Tex Americas Center  
Address: 107 Chapel Lane  
City: New Boston State: TX Zip: 75570

#### Physical Billing

Company Name: Tex Americas Center  
Address: 107 Chapel Lane  
City: New Boston St: TX Zip: 75570

### Key Contacts with phone number and extension

Primary Contact: Marla Byrd 903-223-9841 Secondary Contact: Scott Norton 903-223-9841

### Results (Choose one)

#### How do you want your results handled?

- Call contact person before faxing to: ( ) -  
 Fax results to this secured fax number: ( ) -  
 E-mail results to this secured address: marla.byrd@texamericascenter.com

### Lab Information (Choose one)

- Do you have a contract with a TPA and have your own forms?  YES /  NO  
Do you wish to use the lab and MRO we are contracted with?  YES /  NO

### Type of Service (Check all that may apply)

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Quick Test         | <input type="checkbox"/> Lab Confirmation | <input type="checkbox"/> DOT                     | <u>Contract to specific</u>         |
| <input type="checkbox"/> Non-DOT 10 Panel   | <input type="checkbox"/> Other Panel      | <input type="checkbox"/> Audiometry              |                                     |
| <input type="checkbox"/> Random Selection   | <input type="checkbox"/> % per            | <input type="checkbox"/> Collection Service Only |                                     |
| <input type="checkbox"/> Nail Test          |   | <input type="checkbox"/> Breath Alcohol Test     |                                     |
| <input type="checkbox"/> Hair Follicle Test |   | <input type="checkbox"/> DOT Physical            | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> PFT                | <input type="checkbox"/> FIT Test         | <input type="checkbox"/> Non DOT Physical        |                                     |

### Which of our clinics will you be mostly visiting? (Check all that may apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Richmond Road, Texarkana, TX | <input type="checkbox"/> Shreveport, LA               |
| <input type="checkbox"/> Arkansas Blvd, Texarkana, AR            | <input type="checkbox"/> Otter Creek, Little Rock, AR |
| <input type="checkbox"/> Wake Village, Texarkana, TX             | <input type="checkbox"/> Maumelle, Little Rock, AR    |
| <input type="checkbox"/> Atlanta, Texas                          | <input type="checkbox"/> Midwest City, Oklahoma       |
| <input type="checkbox"/> Marshall, Texas                         | <input type="checkbox"/> Longview, Texas              |

### How did you hear about us?

Were currently using your clinic through a TPA.

### Credit Agreement

Upon receiving a signed copy of this form, your account will be set-up with WOWZA billing. All statements will be mailed once a month on the 10th of each month. Payment is required Net 30 days from the statement date. Accounts 90 days overdue will be frozen, sent to collection, and no further testing or collections will be performed until the account balance is paid in full. Healthcare Express reserves the right to change delinquent accounts to cash only accounts. To avoid after hour pricing, all procedures should be conducted between 8:00 a.m. and 5:00 p.m. Monday through Friday. After hours pricing will also apply to holidays in which HealthCARE Express is closed. Please call and ask the clinic you are sending your employee to verify a certified collector is available.

### Please sign, date and e-mail this form back to the address listed at the top of this form.

By signing you attest that you understand and agree to the terms listed above. If secured fax or e-mail results is checked above, you attested to the security of the results reporting requested.

X [Signature]  
Company Rep. Signature

9/28/16  
(Date)

Terms of payment on your account are Net 30 days

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