



BUSINESS HEALTH PARTNERS
"Partners with Business & Industry"

Date _____ Company Name _____

Company Street Address _____

Company City, State and Zip _____

Company Contact Name _____ Phone Number _____

Company Contact Email _____

Billing Information

Billing Contact Name _____ Phone Number _____

Billing Contact Address _____

Billing City, State and Zip _____

Billing Email (Required) _____

TPA (If Applicable) _____

TPA is Responsible for _____

Workman's Compensation information (If Applicable)

___ Company Pay ___ Workman's Compensation Insurance

Workman's Compensation Insurance Carrier _____

Address: _____

Workman's Compensation Policy Number _____

Workman's Compensation Phone Number _____

Physical Exam Information

Reporting Method is Email Only

Business Health Partners is authorized to release information regarding PHYSICAL EXAMS to the following:

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL



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Drug Screen Results
Reporting Method is Email Only

Designated Employee Representative: _____

Business Health Partners is authorized to release information regarding
DRUG/ALCOHOL TESTING to the following:

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL

Terms of providing services: Client agrees to pay each invoice within 30 days of the invoice date.

Authorization required: Client must provide a written request stating the services that are to be
provided. This authorization may be emailed to the appropriate site or brought into the clinic by the
employee.

- Sulphur : sulphur@businesshealthpartners.com
Lake Charles: lakecharles@businesshealthpartners.com
Deridder: deridder@businesshealthpartners.com
Leesville: leesville@businesshealthpartners.com
Nederland: nederland@businesshealthpartners.com
Deer Park: deerpark@businesshealthpartners.com
Corpus Christi: corpus@businesshealthpartners.com
McAllen:mcallen@businesshealthpartners.com

Miscellaneous: Any disputes arising out of this agreement and/or the services provided shall be
construed under the laws of the State of Louisiana and/or the State of Texas. This agreement can only
be modified in writing signed by both parties. This agreement supersedes any prior and
contemporaneous oral agreements. All payments by the Client are to be made payable to Business
Health Partners. The signing of this agreement constitutes doing business in Louisiana, Texas, and a
submission to the jurisdiction of the appropriate courts.

I certify that all statements in this agreement are true and correct. All purchases made by the Client to
Business Health Partners are governed by the terms in this agreement. This agreement is deemed
executed in the State of Louisiana and/or the State of Texas.

Print Name Title

Signature Date