Company Profile

Fax completed form to 812-283-2538

Company Name: _____

Street Address: _____

City/State/Zip: _____

Company Contact: _____

Phone # _____ Fax #_____ Email: _____

BILLING INFORMATION:

Billing Address: _____

City/State/Zip: _____

Phone # _____ Fax #_____ Email: _____

WORKER'S COMPENSATION INSURANCE INFORMATION:

Carrier: _____

Address: _____

Phone # _____ Fax #_____ Email: _____

Policy # _____ Claim #:_____ Adjuster:_____

PREFERRED SERVICES:

Drug Screening:

New Hire?	☐ Yes	☐ No
After Accident/Injury?	☐ Yes	☐ No
Random Testing?	☐ Yes	☐ No

Breath Alcohol Testing:

New Hire?	☐ Yes	☐ No
After Accident/Injury?	☐ Yes	☐ No
Random Testing?	☐ Yes	☐ No

Do you have a preferred type of Drug Screen/Breath Alcohol Test? _____

Who receives results?_____We'll need a secure way of getting in touch:

Phone # _____ Fax #_____ Email: _____

ADDITIONAL INFORMATION:

Who can authorize Norton Occupational Medicine to treat your employees? _____

Fax or email work status after appointments? Fax# _____Email: _____

Any additional services requested?_____

AGREEMENT

This Agreement is between NORTON HEALTHCARE , INC., a Kentucky not-for-profit healthcare system, on behalf of its wholly owned subsidiaries, Norton Hospitals, Inc.(operating hospitals and diagnostic centers), Community Medical Associates, Inc. (operating physician practices and immediate care centers) and Clinical Associates, Inc. (operating a clinical laboratory) ("Norton"), and _____ ("Employer"),

1. Norton agrees to make the Services available for Employees at the rates agreed upon.

2. Services provided under agreement are not reimbursable by a third party payer under the terms payer contract or law. Without limiting the foregoing, Services provided pursuant to this Agreement shall be those that are not covered by any governmental plan (e.g., Medicare, Medicaid, Tricare), commercial insurance, employer funded plan, worker's compensation, automobile liability, or any other third party payer source. If services are reimbursable by a Third Party Payer, this Agreement shall not apply. Norton shall bill and collect from the applicable Third Party Payer, in addition to billing and collecting any applicable patient cost sharing, e.g., deductibles, copay, coinsurance. Employer shall ensure that any applicable Third Party Payer information is promptly provided to Norton to ensure timely filing of claims to such Third Party Payer by Norton.

3. Each party shall protect the confidentiality of all patient information and records in accordance with the Health Insurance Portability and Accountability Act of 1996, as required by law.

5. This Agreement shall be for a term of one (1) year. The parties may elect to renew the term of this Agreement for successive one (1) year terms by signed written agreement. This Agreement may be terminated at any time without cause by either party providing sixty (60) days prior written notice of termination to the other party, or such other period as agreed to by the parties. Agreement may be terminated by either party in the event there is a breach or default of any term of this Agreement by the other party by providing fifteen (15) days' notice to the defaulting party to cure the default.

6. The parties recognize the changing nature of the laws, regulations and interpretations of laws regulating health care. Should any change in Law cause this Agreement to become illegal, expose either party to material legal risk, or cause either party to lose the material benefit of this Agreement, either party may terminate this Agreement effective with such Change in Law, provided, however, that the parties shall attempt for a period of thirty (30) days, in good faith, to modify this Agreement to comply with any Change in

7. This Agreement is not intended, to create or imply a) any obligation or inducement to refer, purchase, order or receive patients, items or services to either party or any of their respective affiliates, or b) an exclusive relationship between Employer and Norton, and each shall be free to enter like or similar arrangements with any other party in its sole discretion.

8. Each party agrees to comply with applicable federal, state and local statutes, regulations, codes and ordinances.

9. Employer agrees not to disparage, defame or otherwise seek to diminish Norton, its services, staff or employees. Any use by Employer of Norton's name or logo shall require Norton's prior written consent.

Each party has caused this Agreement to be executed by its respective duly authorized representative.

NORTON HEALTHCARE, INC.

By: _____

Printed Name: _____

Title: _____

EMPLOYER:_____

By: _____

Printed Name: _____

Title: _____

EFFEECTIVE DATE:_____