TrustCare Health™

On Site Event Agreement

TrustCare Health Employer Services
onsiteevents@trustcarehealth.com

Company _____ Requested Date and Time _____ _____

Address _____

Company Contact _____ Phone _____

Email _____

Will services be filed under Insurance? ☐Yes ☐No Name of Insurance _____

Please note that all documents for insurance to be completed at time of service. TrustCare to send forms prior to service.

Will employer like to be billed for service? ☐Yes ☐No

Billing Contact _____ Phone _____

Email _____

☐ Drug Testing Type/Panel _____

☐ Blood Draws

☐ DOT/Non-DOT Physicals

☐ Flu Shots

☐ Vaccine

If not listed, please indicate type of testing

_____

Number of employees participating: _____ (Minimum of 10 participants required to avoid $50 service fee unless approved by TrustCare Personnel prior to event.) Must give 48-hour notice prior to cancelling onsite service.

Signature _____ Date _____