



RE: OCCUPATIONAL HEALTH SERVICES

To Our Partner in Health:

Thank you for your interest in Fast Pace Health. Fast Pace is a Tennessee based urgent care and occupational medicine group that has been serving businesses since 2009. We provide a network of over 200 healthcare centers in Tennessee, Kentucky, Louisiana, Mississippi, and Indiana.

To find a location nearest you please visit <https://www.fastpacehealth.com/locations/>. In addition, Fast Pace now operates the following brands: Christian Family Medicine, Reelfoot Family Walk-in Clinic, Calcasieu and First Care located in Tennessee, Kentucky, Louisiana, Mississippi, Alabama and Indiana. We appreciate the opportunity to serve your company's needs

Please find the attached:

- **Customer Service Agreement (Attachment 1)** -- form which will provide billing and protocol information required to establish your account. Once completed please return all pages completed and signed to Occupational.Health@fastpacehealth.com.
- **Employer Authorization Form**, is **required to be presented** at each visit for treatment. If treatment requires, a job description will need to accompany this form for Pre-employment and/or Fit for Duty (return to work) physicals to ensure that the proper assessment can be provided.

Electronic Fund Transfer Services: Employers are encouraged to take advantage of this expedited process of paying pending invoices. Please forward any electronic transfer documentation that you may require completed including state location to the following email.

For future billing inquiries please contact: ohs.billing@fastpacehealth.com

Our Occupational Health Team:

Chie Yang, Occupational Health Account Coordinator, Ext. 615-334-7119

Carolyn Johnson, Occupational Health Account Coordinator, Ext. 615-334-7121

John Harrison, Occupational Health Account Coordinator, Ext. 615-334-7120

Tylor Keenaghan, Occupational Health Account Coordinator, Ext. 615-908-0178

Please do not hesitate to contact our team should you need any additional information. You can reach our team by email at Occupational.Health@fastpacehealth.com or call us at (931)-253-1110. Thank you again for choosing Fast Pace Health.

Sincerely,



Shane Lacaille

VP, Employer Services and Product Development



Customer Service Agreement

Fast Pace Health – Employer Health Services
6550 Carothers Parkway, Suite 225 Franklin, TN 37067
Email: Occupational.health@fastpacehealth.com

SECTION I: CUSTOMER INFORMATION			
Date	12/19/2025	TPA Name	
Company Name	Baldwin County Sheriff's Office	Name of Staffing Agency (if used)	
Number of Employees	480	Health Insurance Carrier	
Phone	251-580-2505	Fax	
Main Company Address City, State, ZIP	111 East 4th Street Bay Minette AL 36507		
CUSTOMER INFORMATION			
Primary Contact/DER Name	Alainna Elliott	Secondary Contact	Tayla Smith
Title/Role	Director, HR	Title/Role	HR Specialist
Address City, State, ZIP	111 East 4th St. Bay Minette AL 36507	Address City, State, ZIP	111 East 4th St. Bay Minette AL 36507
Phone	251-580-1836	Phone	251-580-2505
Fax		Fax	251-937-0223
Email	abelliott@baldwincountyal.gov	Email	tayla.smith@baldwincountyal.gov
BILLING INFORMATION			
Primary Billing*			
Billing Address City, State, ZIP	111 East 4th Street Bay Minette AL 36507		
Contact Name and Title	Tayla Smith		
Phone	251-580-2505		
Fax <input checked="" type="checkbox"/>	251-937-0223		
Email <input checked="" type="checkbox"/>	tayla.smith@baldwincountyal.gov		
Workers' Comp Billing*			
Carrier Name	CRS (County Risk Services)		
Billing Address: City, State, ZIP	PO Box 589 Montgomery AL 36101		
Contact Name and Title			
Phone	334-394-3244		
Fax			
Are workers' comp claims to be billed to carrier or to your company?	<input checked="" type="checkbox"/> Bill Carrier <input type="checkbox"/> Bill Primary Billing Address		
SECTION II: REQUIRED SERVICES AND REPORTING			

DRUG SCREENING

<input checked="" type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]
<input checked="" type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
		<input type="checkbox"/> [REDACTED]

PHYSICAL EXAM

<input checked="" type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]

☐ Flu Vaccine (90686) Pricing TBD

<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]	

<input type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]

<input type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]	<input checked="" type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]

<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> [REDACTED]		

<input type="checkbox"/> [REDACTED]	[REDACTED]
<input type="checkbox"/> [REDACTED]	
<input type="checkbox"/> [REDACTED]	
<input type="checkbox"/> [REDACTED]	

☒ Please check this note if your company offers **Light Duty** for your employees following a w/c visit.

Work comp drug screens with injuries should be billed to work comp (CRS). Post-accident drug screens without injury should be billed to the employer (Baldwin County Sheriff's Office).

SECTION III: BILLING AND PAYMENT INFORMATION

Balance Billing: ** A monthly statement of open charges will be sent to you at the billing address on file. Customer agrees to net 30 terms from the date of each statement. If payment falls more than 60 days in arrears from any statement date, your account may be suspended until fully resolved. If payment falls more than 90 days in arrears from any statement date, Customer's account may be sent to collections for resolution and payment for additional services will be required at the time they are rendered. **

If you have some services that must be billed to an alternate billing address, please provide that information below:

Name	
Address	
Phone	
Services to be billed at this address	

Please list the Fast Pace Health facility/facilities that your company would like to use. If in a particular state please indicate that:

☐ TN ☐ KY ☐ IN ☐ LA ☐ MS ☐ AL ☒ AR ☐ NC

SECTION IV: OTHER FEES & NOTES (This section to be completed by business development representative)
SECTION V: CUSTOMER ACKNOWLEDGEMENT

The initial term of this Agreement shall begin on the date it is executed by the Customer and shall expire after one (1) year. This Agreement shall thereafter automatically renew for additional one (1) year terms. This Agreement may be terminated by either party, for any reason or no reason at all, upon ninety (90) days' prior written notice. Pricing is subject to annual increases. Pricing increases will be discussed with and agreed upon by Customer prior to implementing the same.

Services provided under this agreement may be rendered by affiliates of FPMCM, LLC doing business under the trade names Fast Pace Health, Christian Family Medicine, Reelfoot Family Walk-in Clinic, Calcasieu or First Care; each such entity shall bill Customer for its services in accordance with this Agreement and shall be a third-party beneficiary of this Agreement.

Customer shall not, without obtaining the prior written consent of FPMCM, LLC, disclose any information relating to pricing, marketing materials or any other confidential information of Fast Pace Health or any third-beneficiary of this Agreement (collectively, "Confidential Information") except: i) to employees and agents of Customer with a need to know who are required to keep such information confidential; or ii) as required pursuant to a subpoena, order or request issued by a court of competent jurisdiction or by a judicial or governmental order or process.

Customer Authorized Name

Title

X _____

Customer Authorized Signature

Date