USAMedical LLC

1220 Texan Trail
Suite 205
Grapevine, TX 76051

TEL (817) 916-9900

ON-BOARDING SHEET

ACCOUNT INFORMATION

NAME			
STREET ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL		
CONTACT NAME FOR CRITICAL RESULTS			

TESTING SCHEDULE

☑ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY

START DATE _____ | _____ | _____ TIME _____ ☐ AM ☐ PM

PROJECTED VOLUME PER WEEK

NURSE ON-SITE ☑ YES ☐ NO

TESTING INFORMATION

TYPE OF TESTING REQUEST

NASAL	SALIVA	RAPID
QUANTITY	QUANTITY	QUANTITY

SALES REP. NAME	SALES REP. EMAIL
Max McMullen	Max.mcmullen@benefitsforamerica.com

FEDEX SHIPPING SPEED ☐ GROUND (PREFERRED) ☐ 2ND DAY ☑ NEXT DAY

DATE OF APPLICATION _____ | _____ | 2022