

AGREEMENT FOR PRE-EMPLOYMENT MEDICAL SERVICES

THIS AGREEMENT (“Agreement”) is made and entered into as of _____, 2021, between _____, (“COMPANY”), and Elite Corporate Wellness (“ELITE”) a professional medical corporation which operates UnitedAg Health and Wellness Centers. COMPANY and ELITE are each a “Party” and together are the “Parties” to this Agreement, which is made with reference to the following:

1. COMPANY desires to retain ELITE to provide specific specialized immunization and medical screening services that are usual and customary for pre-employment based physical screening, and medical monitoring.
2. ELITE has the expertise to provide such medical, and immunization services and is willing to do so under the terms of this Agreement.

Now, therefore, the Parties agree as follows:

A. Scope of Services

ELITE shall perform specialized immunization and medical screening services that are usual and customary for pre-employment medical physical screening and employment medical monitoring as selected by Employer in **Attachment A**.

B. Employer

For purposes of this Agreement, Employer shall include both UnitedAg members and non-UnitedAg members.

C. Compensation

COMPANY shall pay ELITE the fees for services selected by Employer as indicated in **Attachment B**. Fees to ELITE are due within 30 days of invoice receipt upon project completion.

Billing Contact Information:

Name: _____
Email Address: _____
Phone Number: _____

In the event COMPANY fails to pay ELITE on a timely basis, such COMPANY shall be assessed a 10% late fee and future service will be suspended until outstanding invoices are paid and made current.

D. Term

This Agreement shall be effective as of the date of execution by COMPANY and remain in effect thereafter. Either Party may terminate this Agreement by providing at least 60 days advance written notice to the other Party specifying the effective date of such termination.

E. Notices and Correspondence

Any notices or correspondence deemed by either Party to be necessary or desirable shall be given to the other Party in writing and may be given by personal delivery to a representative of the Parties, by facsimile transmission or by mail, postage prepaid, addressed as follows:

Company: _____	ELITE CORPORATE WELLNESS
Attn: _____	Attn: Nicholas Gambini
Address: _____	319 N. Church Street
City, Zip: _____	Visalia, CA 93291
Telephone: _____	Telephone: (855) 733-7772
	Facsimile: (559) 733-4596

F. UnitedAg Health and Wellness Centers

ELITE operates the UnitedAg Health and Wellness Centers. The services of this Agreement, rendered under this Agreement will be performed at or under the authority of the UnitedAg Health and Wellness Center(s).

ELITE agrees to defend, indemnify and hold harmless UnitedAg, its affiliated company(ies), the Board(s) of Directors, officers, employees, agents from and against any and all claims, damages, losses, expenses, judgments, medical liability, demands and defense costs (including, but not limited to attorneys' fees, litigation costs, settlement, compromise and judgement without limitation) arising out of or in connection with the services ELITE conducted at the UnitedAg Health and Wellness Centers except such loss or damage which was caused by the sole negligence or willful misconduct of UnitedAg.

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IN WITNESS WHEREOF, the Parties have duly executed this as of the date first above written.

Company Information

By: _____
Name

Date: _____

Print Name and Title

**RTO Systems Inc.,
Elite Corporate Wellness**

By: _____
Nicholas A. Gambini, CEO

Date: _____

ATTACHMENT A

**Elite Corporate Wellness
Employer Selected Medical Procedures**

ELITE shall perform specialized physical examinations, immunization and medical screening services that are usual and customary for medical pre-employment physical screenings, employment medical monitoring, vaccinations, and immunizations.

The scope of services include the following:

Pre-Employment Physical Examination

- Employment Physical.....\$49.00
- DMV Medical Exam.....\$49.00

Screenings

- HEP B Vaccine.....\$65.00
- HEP B Titer.....\$25.00
- CBC.....\$10.00
- Cholinesterase.....\$25.00
- Tetanus.....\$35.00

TB

- Skin tests.....\$15.00
- Necessary Follow-up X-Rays

Drug/Alcohol screens

- Rapid Drug 5 panel (non-chain of custody forms).....\$15.00
- Chain of Custody Urine (Collection only).....\$15.00
- COC Breathalyzer.....\$15.00
- Alcohol Screen (Saliva).....\$10.00
- Hair Follicle.....\$45.00

Respirator Mask

- Fittings..... \$30.00

X-rays

- Check X-ray 2 views.....Price varies by location
- X-ray Lumbar Spine.....Price varies by location

COVID-19 Test

- Rapid Test (Surveillance)\$60.00
- PCR Testing (Surveillance).....\$100.00

Date: _____

Employer Initial _____
Elite Initial _____

*Prices subject to change with thirty (30) days advanced written notice.