

STATEMENT OF SERVICES

This statement of services is issued on _____, by ARCpoint Labs of Orland Park (ARCpoint), located at 11006 W 179th Street, Orland Park, IL 60467 to _____ located at _____.

The intent of this Statement of Services is to outline a non-binding understanding as to the business relationship between the participants. This document should in no way be construed as a legally binding contract under the law. It is the intention of ARCpoint Labs of Orland Park to provide products and services of the best quality, but not legally bind you to maintain our services, should you become dissatisfied for any reason.

- 1) ARCpoint will provide services to Client as specified below and Client acknowledges terms of fees and procedures as follows:

Services	Fees
CDC COVID-19 viral PCR Panel Test Fee	\$140.00*
Rapid COVID-19 Antigen Test	\$ 130.00*
Onsite: Hourly Collection Fee (Per Hour Door to Door/ per collector)	FEE WAIVED \$ 150.00

*Per test performed

- 2) ARCpoint will provide secure, confidential reporting of results and related paperwork to only authorized staff of your facility. Those representatives approved for paperwork correspondence are:

Name	Phone	Fax	Email	Notes
				Primary Contact
				Secondary Contact

_____ By initialing here the employer consents to receipt of all test results and associated paperwork and agrees to distributed to employees in accordance to applicable privacy laws and regulations.

FINANCIAL POLICY

We require payment the day of service. We will charge your credit card that we have on file. .

Credit Card Information

- Card Type (Visa, MC, AmEx) _____
- Name on Card: _____
- Address: _____
- Credit Card Number: _____
- Expiration Date: _____
- CVS Code: _____



ARCpoint Labs of Orland Park
11006 W. 179th Street
Orland Park, IL 60467
p. 708.963.1200 | f.708.963.1204
An Independently-Owned ARCpoint Labs Franchise

PAYMENT DETAILS FOR RECEIPTS

Contact Name _____

Contact Phone _____ Fax _____

Accounts payable email address _____

SATISFACTION: While it is the intention of ARCpoint Labs of Orland Park to provide products and services of the best quality, should you become dissatisfied for any reason, we simply ask that you provide us with at least 30 day notice (via phone, email, or in writing) to allow time to remedy any situation that may lead you to discontinue our services.

Validation of this Statement of Services is provided by:

Signature Date
Dr. Ebonie J. Gist
Owner
ARCpoint Labs of Orland Park

Signature Date
Name:
Title:
Co: