

EMDx Implementation Checklist

TPA Company (TPA)

Upon receipt of this checklist, please print out, complete sections 2-7 and return to EMDx contact within 5 working days of receipt.

Contract date: **02/01/2005** Implementation Completion Date: **03/03/2005**

1. EMDx Contact: Contract Services
4849 Paulsen Street, Suite 302
Savannah, Georgia 31405
912.356.0030 Fax 912.356.0029
Email: rhallock@emdxcorp.com

2. TPA Contact Name: _____
Address 1: _____
Address 2: _____
City _____
State _____
Zip _____
Phone: _____ Fax: _____
Email: _____

3. Claim System: _____

Paragraph IV of the EMDx Service Agreement requires that the LabNet XPress product be implemented on the TPA's entire book of business. Please complete the following summary information.

4. Number of Employer Groups: _____

5. Estimated Number of Employee Lives: _____

6. ___ Fee Schedule Received (LabCorp)

7. ___ Fee Schedule Received (Quest Diagnostics)