

# FORWARD EDGE - NASAP Enrollment Form



**Company Nm:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_  
**Physical Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mail Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Corporate Contact Information

**Contact First Name:** \_\_\_\_\_ **L Name:** \_\_\_\_\_  
**Physical Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mail Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **email:** \_\_\_\_\_

## Billing Contact Information

**Contact First Name:** \_\_\_\_\_ **L Name:** \_\_\_\_\_  
**Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **email:** \_\_\_\_\_  
**PO Required** \_\_\_\_\_ **Purchase Order # or Job # :** \_\_\_\_\_ **FED Tax ID :** \_\_\_\_\_

## Testing Results Contact Information (CER)

**1st Contact First Name:** \_\_\_\_\_ **L Name:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **email:** \_\_\_\_\_  
**Web Security Login User Name** \_\_\_\_\_ **Password** \_\_\_\_\_

**2nd Contact First Name:** \_\_\_\_\_ **L Name:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **email:** \_\_\_\_\_  
**Web Security Login User Name** \_\_\_\_\_ **Password** \_\_\_\_\_

**3rd Contact First Name:** \_\_\_\_\_ **L Name:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **email:** \_\_\_\_\_  
**Web Security Login User Name** \_\_\_\_\_ **Password** \_\_\_\_\_

**Result Addr:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

[Rosters](#) \_\_\_\_\_ **Employees.#** \_\_\_\_\_ **EMail.Form.To:** \_\_\_\_\_

\* The information released to the Contractor Employee Representative(s) or Reporting Contact(s) is confidential. It is the responsibility of the Contractor Member to notify FEI to Add/Delete these individuals along with other Employees.

**Collection Information:** Please choose the preferred collection location(s) by selecting a maximum of (4) from the dropdown boxes.

Texas Sites \_\_\_\_\_ Louisiana Sites \_\_\_\_\_ Unlisted Collection Site \_\_\_\_\_  
After selecting a desired site and the site 6 character ID displayed in the above left hand boxes, cut and paste each site ID from the left box to one of the (4) boxes directly to the right.  
Client Collection \_\_\_\_\_

## Medical Review Officer (MRO):

**Substance Abuse Professional (SAP):** John H. Baxter, 2404 South Grand, #215C, Pearland, Texas 77581  
**Substance Abuse Professional (SAP):** Dr. J. T. Smith, 11500 Northwest Frwy, Ste 410 Houston, Texas 77092

There is a \$199.00 annual fee for the NASAP Program through Forward Edge, Inc. This fee will be prorated through 12/31/10. Prorated amount due is \$ \_\_\_\_\_. In order to establish an account this fee must be paid by utilizing any one of the following methods: **Check** \_\_\_\_\_ **Credit Card** \_\_\_\_\_ **Card #** \_\_\_\_\_ **Exp Date** \_\_\_\_\_  
For current clients only : **Invoice** \_\_\_\_\_ **PO** \_\_\_\_\_ Payment is due with this application.

\_\_\_\_\_  
Forward Edge, Inc. / Date

\_\_\_\_\_  
Contractor Employee Rep. / Date