On Demand Testing Solutions
In Arkansas: 501.663.7812 Fax: 501.663.7240
In Louisiana: 318.798.3674 Fax: 318.798.3676
www.odts-ar.com

Agent Information

***Name:** _____ ***Insurance Company:** _____

Address: _____ **City, State, Zip:** _____

***Office Phone:** _____ **Cell Phone:** _____ **Fax:** _____

***Email:** _____ **Agent Code** (if applicable): _____

Agency Information

Agency Name: _____ **Contact Person:** _____

Address: _____ **City, State, Zip:** _____

Office Phone: _____ **Fax:** _____

Email: _____ **Agency Code** (if applicable): _____

Applicant Information

Applicant Name: _____ **Applicant Social Security #:** _____

Address: _____ **City, State, Zip:** _____

***Phone:** _____ **Cell Phone:** _____ **Work:** _____

***Policy Amount**: _____ **Email:** _____

Type: (Circle One) Life Health Disability LTC Circle One: Smoker Non-Smoker
Circle One: Preferred Standard Circle One: Term Universal

Medical Requirements: _____

Special Instructions: _____

For Office/Examiner Use Only

Date Scheduled: _____ **Time:** _____ **Barcode:** _____

Address of Appointment: _____

Notes: _____

Date Completed: _____ **Date Exam Faxed:** _____

Date Kit Shipped: _____ **Air bill:** _____

Circle One: LabOne CRL Agent Notified: Yes No

Billed Date: _____ **Payment Date:** _____ **Amount Billed:** _____

Examiner Payment Date: _____