



# Agency Partner Manual

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# Hello.

Thank you for partnering with us! We want to share some important information with you before your staff members get started working our events.

Let us know if you have any questions about the materials laid out here or your role as a TotalWellness agency partner.

## Subcontractor Agreement

When you work with TotalWellness to staff our events, you will receive an electronic Subcontractor Agreement (Appendix A) that contains information about the event and terms/conditions for our partnership.

We ask that you please review the Subcontractor Agreement, add any additional information such as the staff names, sign the agreement electronically, and return it to TotalWellness electronically.



## Event Worksheet

We ask that you please download an Event Worksheet (Appendix B) that details important information about the event such as contact at the event, parking and driving directions, security, etc.

This document should be shared with any of your staff members going to the event. Further definition of the Event Worksheet content can be found in the Agency Staff Manual.

## TotalWellness Agency Website



This manual, the Agency Staff Manual and all other relevant event documents are posted online on the TotalWellness Agency Website. Please pass the following URL along to your staff members:

**[TotalWellnessHealth.com/private/agency](https://TotalWellnessHealth.com/private/agency)**

Have your staff members read through these documents, and let us know if you or your staff have any questions.

## Providing Staff Members

TotalWellness is a wellness company, and our clients expect us to practice what we preach. We ask that you provide professionals who exude a healthy attitude. They must also be articulate in the English language.

Your staff is covered under at least \$1,000,000/incident and \$3,000,000 aggregate professional liability insurance.

If for any reason you are unable to provide staff members, you will need to notify TotalWellness as soon as possible prior to the arrival time indicated on the Event Worksheet.

**Cancellations during normal business hours (Monday – Friday, 8:30 a.m. - 4:30 p.m., CST):** Call TotalWellness at 402-964-0542 and ask to speak with the TotalWellness scheduling team.

**Cancellations after hours/weekends:** Call TotalWellness and speak with the TotalWellness representative or answering service. TotalWellness has phone coverage 24 hours a day, 7 days a week. No matter when you call, you should always be able to speak to someone.

Please, never email anyone to cancel working an event (phone is much more reliable), and never ever contact any of our clients/company contacts directly to cancel working an event (they have no part in the scheduling process, anyway).

If you cancel for an event that materials have already been shipped for, you will be responsible for maintaining the vaccine cold chain and properly returning the shipments.



## Billing and Payment

Your staff will be paid for the hours they worked. Hours billed cannot exceed the hours listed on the Subcontractor Agreement without appropriate documentation. Any excess hours will need to be approved by TotalWellness and recorded at the event on the Event Time Extension Form by the primary contractor.

You will invoice TotalWellness for all billing and payment. The invoice must include:

- TotalWellness client name
- Event ID number
- Staff name(s)
- Hours worked

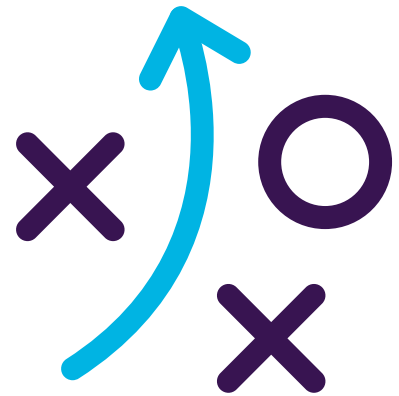
## Primary Contractor Duties

If any of your staff members are chosen to work as a primary contractor, they'll be held to the standards outlined in that portion of the Agency Staff Manual. It's important to note that if one of your staff members is the only staff working an event, they become the primary contractor by default.

Adhering to primary contractor duties might include receiving and returning shipments of supplies for the event. Follow the TotalWellness shipping procedures outlined in the Agency Staff Manual to ensure supplies are received and returned correctly.

Late, incomplete, or incorrect shipments may delay payment and incur penalties. We expect you and your staff to return shipments to TotalWellness after each event. Shipments need to be received by TotalWellness within 10 business days of the event.

There will be a \$50 penalty for shipments received 11-15 business days after the event and a \$100 penalty for shipments 16 or more business days after the event. If the shipment is not returned, you will not be paid.



## Spreading the Word

Your staff members will be held to the standard of our Agency Staff Manual. Please pass this document along to them so they can look over it prior to the event. The manual includes guidelines for TotalWellness events and procedures, staff member conduct, dress code and event experience.

It's incredibly important that your staff members utilize this manual. We ask that you ensure they've received the document and understand it's role in working TotalWellness events.



## Thank You!

Again, we appreciate you partnering with us to help staff our wellness events. In summary, you'll need to pass these things along to staff members you've chosen to work any TotalWellness event:

- Event Worksheet
- Agency Staff Manual
- TotalWellness Agency Website URL

Don't hesitate to reach out with any questions you have about TotalWellness, our events, or providing staff to work with us.

# Appendix A

TotalWellness Subcontractor Agreement



**SUBCONTRACTOR AGREEMENT - EVENT # 61087**

**Test Agency**  
123 Main Street  
Omaha, NE 68127

Subcontractor agrees to provide services according to the description below:

**Event:** Test-Omaha

**Company:** Test

**Event #** 61087

**Address:** 9320 H Court Address Line 2  
Omaha, NE 68127

**# Shots:** 300

**# Tests:** 130

**Event Date:** 12/31/2024

**Arrival Time:** 7:00 AM

**Start Time:** 8:00 AM

**End Time:** 5:00 PM

**Break Start:** 12:00 PM

**Break End:** 1:00 PM

Rotating 30 minute breaks

Please see the Event Worksheet for a detailed listing of services to be performed.

**Staff Requested**

Staff Type	Pay Rate
RN	50.0000

**Staff Provided**

First Name	Last Name	Phone	Email	Type
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## Terms and Conditions

Subcontractor agrees to select staff who exude a healthy attitude. Staff must be able to stand for the duration of the event, lift up to 20 pounds, interact positively with participants, and be articulate in the English language. Subcontractor further affirms that scheduled staff members are experienced and proficient at providing expected services. Staff are not allowed to smoke or smell like smoke at TotalWellness events. Staff must abide by all guidelines outlined in the Agency Staff Manual. Subcontractor's staff is covered under at least \$1,000,000 per incident and \$3,000,000 aggregate professional liability insurance. Subcontractor agrees to notify TotalWellness as soon as possible prior to the event arrival time if subcontractor is unable to provide staff.

TotalWellness provides an event worksheet that details important information about the event. Subcontractor is responsible for providing a copy of the event worksheet to the subcontractor's staff as well as the TotalWellness Agency Staff Manual to subcontractor's staff prior to the event. Subcontractor's staff are required to read and agree to comply with the Agency Staff Manual and TotalWellness Conduct Agreement. The Agency Staff Manual and all other TotalWellness documents are available at [TotalWellnessHealth.com/private/agency](https://TotalWellnessHealth.com/private/agency).

Subcontractor's staff must adhere to the TotalWellness dress code, which is to wear solid black scrubs (or solid dark color if they do not have black), a white lab coat if available and black professional closed-toed footwear. Subcontractor's staff are expected to work from the event arrival time to the event end time, unless given approval by the primary contractor or TotalWellness to leave early. If a subcontractor's staff member is late to an event, he/she may be canceled from working the event and any applicable future events. TotalWellness reserves the right to monetarily penalize subcontractor for any actions that negatively affect the client relationship which may include arriving at the event late, leaving the event early, inexperience when providing services, or not being proficient at providing services.

Subcontractor is required to invoice TotalWellness in order to be paid. Each invoice must include the TotalWellness client name, event ID number, staff name(s) and hours worked. Subcontractor's staff will be paid for the hours worked. Hours billed must not exceed hours listed on the Subcontractor Agreement without a completed and signed Event Time Extension Form or other documented approval. Any additional time/charges must be pre-approved by TotalWellness. The primary contractor is responsible for managing the Event Time Extension Form. TotalWellness will pay subcontractor within 30 days of receipt of correct invoices, so long as event shipment/paperwork has been received (if applicable).

### **If supplies are shipped to subcontractor or subcontractor's staff:**

Subcontractor and subcontractor's staff are required to follow all TotalWellness shipping procedures, including properly storing vaccine, monitoring vaccine temperatures and promptly returning event shipments. Return event shipments are to include all remaining vaccine, supplies and all applicable paperwork as outlined in the Agency Staff Manual. TotalWellness must receive event shipments and all applicable paperwork after the event in order to process payment. Only ship vaccine on Mondays, Tuesdays, Wednesdays, or Thursdays using the provided overnight label. Late, incomplete, incorrect or damaged shipments/paperwork may delay payment and incur penalties.

TotalWellness expects subcontractor and subcontractor's staff to return shipments/paperwork to TotalWellness within 10 business days after the event. A \$50 penalty will be applied to shipments/paperwork received by TotalWellness 11-15 business days after the event. A \$100 penalty will be applied to shipments/paperwork received by TotalWellness 16+ business days after the event. If shipment/paperwork is not returned, subcontractor will not be paid. All completed consent forms must be returned to TotalWellness in return shipment. Subcontractor's staff must not leave originals or copies of completed consent forms at the event location.

TotalWellness forms including the TotalWellness Agency Staff Manual are available at [TotalWellnessHealth.com/private/agency](https://TotalWellnessHealth.com/private/agency). Contact TotalWellness at 888-434-4358 with any additional questions. After hours assistance is available from after hours staff or push 2 for the answering service. Invoices can be sent to TotalWellness, 9320 H Court, Omaha, NE 68127.

**Subcontractor's Authorized Representative**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Appendix B

TotalWellness Event Worksheet



Event ID #

61087

# Test-Omaha

Test

# Contractors: 5

Test

Arrival Time: 7:00 AM

December 31, 2024 | 8:00 AM - 5:00 PM

Break Time: 12:00 PM - 1:00 PM

Event Location

Rotating Break: 30 minutes

**Building Name 123**

Services: 100 shots, 130 tests

Room/Floor 123

9320 H Court

Address Line 2

Omaha, NE 68127

**Do not call the client:** If you have questions or concerns related to this event, call TotalWellness at 888-434-4358.

**Dress Code:** Abide by the conservative dress code outlined in the manual (solid black scrub top, solid black scrub pants, collared white lab coat, and black close-toed shoes). TotalWellness name tags will be included in shipments to the Primary Contractor.

## Contact Information

TotalWellness Primary Contractor

**Test Contractor**

Home:

Mobile: 000-000-0000

Email: test@totalwellnesshealth.com

Client Site Contact

**Site Contact**

Phone: 000-000-0000

Backup Site Contact

**Backup Site Contact**

Phone: 111-111-1111

TotalWellness Account Manager:

**Test User**

Email: Test@Testing.com

Phone: 000-000-0000

TotalWellness Scheduler:

**Test User**

Email: Test@Testing.com

Phone: 000-000-0000

## Contractors

**Name**

**License**

Test Contractor

RN

<b>Biometric Package</b>		130 tests	16.25 tests/hr	4 Pods
<b>Service Name</b>		<b>Stations</b>	<b>Quantity</b>	
Blood Pressure		4	130	
Counseling		4	130	
Body Composition		4	130	
Height/Weight, BMI, Waist Circumference				
Fingerstick (CardioChek)		4	130	
Fasting Lipid & Glucose (TC, HDL, LDL, Trigs, Ratio, Glu)				
Onsite Data Collection		4	130	

<b>Screenings</b>			
<b>Service Name</b>		<b>Stations</b>	<b>Quantity</b>
Registration/Admin		1	
Coordinator		1	

**Notes:** Additional Service Notes go here.

<b>Flu Shots</b>		1 stations
<b>Type</b>		<b>Quantity</b>
Privacy Screens		1
Quadrivalent from manufacturer-filled syringes		100
Quadrivalent from multi-dose vials		0

**Notes:** Sample Vaccination Notes.  
Utilize Preservative Free shots for Pregnant Women.

<b>Paperwork</b>	
<b>Paperwork</b>	<b>Provided By</b>
Biometric Results Booklet	TW
Flu Consent Form - English	Client
Flu VIS	Client
TW Standard Part. Sat. Survey	TW

## Notes

Secondary Contractor Notes:

Secondary Contractor Notes go here. All staff should review these notes.

Driving & Parking:

Driving and Parking Directions are included here.

Shipping Notes:

Shipping Notes go here.

Entrance & Security:

Entrance and Security Information are included here.

Site Demographics:

Site Demographic information is included here.

Program Details:

Program Details are included here.

## Onsite Data Collection

Site:	<a href="https://data.totalwellnesshealth.com/Agency">https://data.totalwellnesshealth.com/Agency</a>
Password:	XXXXXXXXXX

**Physician's Standing Orders:** Flu shot and epinephrine standing orders are accessible online and will be included in the shipment to the Primary Contractor.

Have an excellent event and thank you for all you do for TotalWellness!  
If you have any questions or problems, please call 888-434-4358, ext. 100.

Thank you!  
- TotalWellness