Occupational Health Center – New Account Information

Company Name:	
Physical Address:	
City, State, Zip Code:	
Mailing Address:	
City, State:	
Primary Contact:	Office:
Cell:	Fax:
Email:	
Secondary Contact:	Telephone:

Billing Contact:	Office:
Email:	
Bill Workman's Comp. to Company or Insurance Carrier? (This will include any drug screens or Breath Alcohol Testing)	
Insurance Carrier:	
Address:	
City, State:	Telephone:
Bill all other invoices to Company or Third Party?	
Third Party Name:	
Address:	
City, State:	Telephone:

Injury Care:

Breath Alcohol with Injury? DOT or Non-DOT?

Drug Screen with Injury?

Type of Drug Screen	Rapid 5	Rapid 10	DOT 5 Panel	Non-DOT 5 Panel	10 Panel Non-DOT

Chain of Custody Forms:

Send with Patient	Use OHC as MRO	Have Company Lab send COC forms to OHC

Additional Requested Services:

Patient Paperwork:

Fax to Company? Fax Number:

Email to Company? Email Address:

Send with Patient?