



## OCCUPATIONAL HEALTH/WORKER'S COMP SERVICES

<b>Company Protocol Information:</b>		
Company Name:		
Local Main Contact:	Local Contact Phone:	Local Contact Email:
Local Company Street Address:		City, State & Zip:
Local Company Mailing Address:		City, State & Zip:
Phone:	Fax:	Is this a secured fax line: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Contact/Information for Non-Injury Related Services:</b>		
Main Contact:	Contact Phone:	Contact Email:
Billing Address:		City, State & Zip:
Phone:	Fax:	Is this a secured fax line: <input type="checkbox"/> yes <input type="checkbox"/> no
Would you like this visit information faxed: <input type="checkbox"/> yes <input type="checkbox"/> no	Would you like this visit information emailed: <input type="checkbox"/> yes <input type="checkbox"/> no	Would you like this visit information mailed: <input type="checkbox"/> yes <input type="checkbox"/> no
Special Instructions/Notes & Other Authorized Individuals for your account (individuals we can speak to in your absence):		
<b>Billing Information for Worker's Compensation:</b>		
<i>Please complete with the company's preferred billing contact information</i>		
Insurance Company Name:		Account Representative/Claims Adjuster:
Main Contact:	Contact Phone:	Contact Email:
Billing Address:		City, State & Zip:
Phone:	Fax:	Is this a secured fax line: <input type="checkbox"/> yes <input type="checkbox"/> no
Would you like this visit information faxed: <input type="checkbox"/> yes <input type="checkbox"/> no	Would you like this visit information emailed: <input type="checkbox"/> yes <input type="checkbox"/> no	Would you like this visit information mailed: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Please answer the following question as they pertain to company General Protocol:</b>		
Do you require company forms to be completed for any services? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please return examples with this information.		
Do you require a urine drug screen for every injury? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do we need to contact you prior to any specialist appointments? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do we need to contact you prior to scheduling any outpatient testing? <input type="checkbox"/> yes <input type="checkbox"/> no		