

Urgent Care Company Profile: Billing Information

Company: _____

Address: _____

Phone: _____ Fax: _____ Secured (Y/N): _____

Company Contact(s): _____

After Hours Contact: _____

Pre-Employment (PE,Audio, ETC.) Bill to: _____

Drug Screen Bill to: _____

Breath Alcohol (BAT) Bill to : _____

Workers Comp Bill to: _____

Special Instructions: _____



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Urgent Care Company Profile: Clinical Information

Company: _____

Address: _____

Company Contacts: _____ Company M.D.: _____

After Hours Contact: _____

Pre Employment / Random

___ Audiometer Eval

___ Respiratory Eval

___ TB Test

___ DOT Physical

___ Physical Exam

___ With UA ___ With Audio

___ BAT

___ Drug Screen (UC CCF)

_____ Panel

___ Urine Alcohol

___ Rapid Drug Screen

___ Drug Screen Collect (Co. CCF)

___ DOT ___ Non DOT

We Have CCF ___ PT to Bring _____

Other: _____

Drug Screen Results:

Mail to: _____

Call to: _____ Fax to: _____ Attn: _____

BAT Results:

Mail to: _____

Call to: _____ Fax to: _____ Attn: _____

Other Results: _____

Co. Rep: _____ Rec. By: _____ Date: _____

Workers Comp

___ Exam

___ Bat

___ Drug Screen (UC CCF)

_____ Panel

___ Urine Alcohol

___ Rapid Drug Screen

___ Drug Screen Collect (Co. CCF)

___ DOT ___ Non DOT

We Have CCF ___ PT to Bring _____

___ Restricted / Light Duty Available?

___ Will accommodate all light duty

Pharmacy Preference:



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