DOCTORS URGENT CARE
985 Robert Blvd. Suite 101
Slidell, LA 70460
Phone(985)690-8300 FX (985)690-8301
WWW.DoctorsUrgentCare.Org

Date _____

Updated By_____

# Employer Profile Form

Account # _____

## Company Information

Company Name: _____

Company Physical Address: _____

## Human Resources Department

Main Contact : _____ Phone: _____

Secondary Contact: _____ Phone: _____

Email or Fax Results? ❑ Yes ❑ No Email or Fax: _____

Email or Fax: _____

_____

## Billing Information

Accounts Payable Contact : _____ Phone: _____

Billing Address : _____

## Third Party Administrator (TPA)

Company Name: _____ Phone: _____

Billing Address: _____

Special Instructions: _____

## Safety and Injury Management

Injury Management Contact: _____ Phone: _____

Safety Manager: _____ Phone: _____

Safety Manager: _____ Phone: _____

Email_____ Fax:_____

## Workers' Comp Information

Workers' Comp Insurance Company: _____

Insurance Address: _____

Insurance Phone #: _____ Fax:_____

# Doctors Urgent Care

## Employer's Authorization For Examination and/or Treatment

Employer must complete this form prior to the employee visit. Employee must present photo ID at time of service.

Employer Company Name: _____

Patient Name: _____ Patient SS# _____ Patient DOB _____

Contact Name: _____ Title _____

Contact Work Phone: _____ Contact Cell Phone: _____

Contact Email: _____ Contact Fax: _____

Authorization Signature: _____ Visit Date: _____

### Occupational Medical Services

- ❑ DOT Physical—New Certification
  MODE _____
- ❑ DOT Physical– Recertification
- ❑ Non-DOT Physical
- ❑ DOT Physical Follow-Up
- ❑ Fit For Duty Evaluation
- ❑ Respirator Clearance
- ❑ Pulmonary Function Test (PFT)
- ❑ Chest X-Ray
- ❑ Lumbar Spine X-Ray
- ❑ EKG
- ❑ Vision
- ❑ Audiogram
- ❑ HPE (Human Physical Exam)
- ❑ Dive
- ❑ Merchant Mariner / USCG

Labs: _____

_____

### Drug and Alcohol Testing Services

REASON FOR TESTING:

- ❑ Post-Accident
- ❑ Pre-Employment
- ❑ DOT New Certification
  MODE _____
- ❑ Random
- ❑ Reasonable Suspicion
- ❑ DOT Recertification
- ❑ Return To Duty
- ❑ Follow - Up

- ❑ DOT Drug Screen
- ❑ Instant Urine Screen: ❑ 5 ❑ 7 ❑ 9 ❑ 10
- ❑ Non-DOT Specimen Collection Only
- ❑ Breath Alcohol Test: DOT Non-DOT

DER (Required) _____ Phone# _____

Fax _____ Email _____

### Vaccines

- ❑ Flu
- ❑ Hepatitis A
- ❑ MMR
- ❑ PPD-TB
- ❑ Varicella
- ❑ Hepatitis B
- ❑ TD-Tetanus
- ❑ Meningitis
- ❑ Quad (A,C,W,Y)
- ❑ B Vaccine

Other: _____

_____

### Titers

- ❑ Hepatitis A
- ❑ MMR
- ❑ Hepatitis B
- ❑ Varicella

Other: _____

_____

_____

_____

### Work-Related Injury Case

Claim #: _____

W/Comp Carrier: _____

Date of Injury: _____

❑ Evaluate and Treat ❑ Light Duty is Available

Be sure to indicate Drug Screen and/or Breath Alcohol Test required under DRUG and ALCOHOL TESTING SERVICES

Are Drug Screens and/or Breath Alcohol Test covered by Workers' Comp Insurance Co? ❑ Y ❑ N ❑ N/A

Adjustor: _____ Contact #: _____

### Reporting Results

- ❑ Fax Paperwork to employer
- ❑ E-mail paperwork to employer
- ❑ Call employer
- ❑ Give all paperwork to employee

SPECIAL INSTRUCTIONS:

_____

_____

_____