



Medicalaccess

COMPANY OCCUPATIONAL HEALTH DATA COLLECTION FORM

Company name _____
 Parent corporation _____
 Address _____
 City _____ State _____ Zip _____
 Contact's name _____
 Contact's phone _____
 Contact's e-mail _____
 Contact's fax _____
 Company type _____
 No. of employees _____

COMPANY BILLING INFORMATION

Billing contact _____
 Phone _____ Fax _____
 Worker's comp carrier (if requesting WC services) _____
 Address _____
 City _____ State _____ Zip _____
 Claims adjuster _____ Phone _____ Fax _____
 Policy no. _____ Group no. _____
 WC bills sent to (check one) Company WC Carrier Both

WORKER'S COMP REQUESTED SERVICES

Pre-authorization needed Yes No
 If yes by (Name) _____ (Phone) _____
 Light duty available Yes No
 Drug screen Yes No NIDA Non-NIDA
 Alcohol testing Yes No Breath Blood

Appointments scheduled between 9:00 am & 6:00 pm Monday-Friday
 Monday - Friday 8:30 am 7:30 pm
 Saturday & Sunday 10:00 am 5:00 pm
 19504 Amaranth Drive, Germantown MD 20874 Ph (301) 428-1070 Fax (301) 428-3192 www.medicalaccessonline.com
 Please fill reverse...