

DATE: ___/___/_____



SPECIFIC LOCATION(S) YOU WOULD LIKE TO USE:

EMPLOYER INFORMATION SHEET

COMPANY NAME			
COMPANY ADDRESS			
COMPANY TELEPHONE		COMPANY FAX	
COMPANY CONTACT			
COMPANY EMAIL		Is it OK to send confidential information via encrypted email? <small>If "NO", please provide FAX.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO Password: <i>6 Digits/Letters Max</i>
WHO CAN AUTHORIZE A WORKERS' COMP VISIT?			
WORKERS' COMPENSATION BILLING			
W/C INSURANCE NAME			
ADDRESS			
TELEPHONE NUMBER		FAX NUMBER	
REQUIRED: where are claims to be filed?		<input type="checkbox"/> Bill Employer (To Company Address Above) <input type="checkbox"/> W/C Insurance	
What would be the preferred way to send the results and/or work status?		<input type="checkbox"/> Encrypted Email <input type="checkbox"/> Fax	
DRUG SCREEN NEEDED? <input type="checkbox"/> YES/ALWAYS <input type="checkbox"/> NO <input type="checkbox"/> PER REQUEST If answered "YES/ALWAYS or Per Request", please choose type below: <input type="checkbox"/> In house Rapid / Send out NON-DOT (circle one): <input type="checkbox"/> 5P or <input type="checkbox"/> 10P / <input type="checkbox"/> Send out DOT If In-house rapid is PRESUMPTIVE POSITIVE, would you like a lab-based confirmation test performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Instruction <i>*please comment below</i>			
OTHER EPS SERVICES			
<input type="checkbox"/> DOT Physicals <input type="checkbox"/> Pre-employment Physicals <input type="checkbox"/> TB Skin Testing <input type="checkbox"/> Flu Vaccine <input type="checkbox"/> Tetanus Vaccine <input type="checkbox"/> Covid-19 Testing <input type="checkbox"/> Titer Blood Draws <i>(Please check all boxes you would be interested in)</i>			

Integrity Urgent Care -- Workers' Compensation Department Phone: (254) 339-2377 Fax: (855) 519-5894

CLINIC USE: Received on ___/___/_____ Initials: _____