



## **New Company Information or \*Change of Insurance**

Please fill out all information and fax to 209-216-3330

**Company Name:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**HR Contact:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Safety Contact:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** ☐ same as mailing

Fill out if different from Mailing Address: \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Inquiry:** \_\_\_\_\_ **Referred to by whom?** \_\_\_\_\_

**\*Workers Comp Carrier:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**PLEASE NOTIFY US, PROMPTLY, IF THERE IS A CHANGE IN YOUR INSURANCE:**

**Industry:** \_\_\_\_\_ **Seasonal Employees:** YES NO

**Number of Employees:** ☐ < 25 ☐ 25-50 ☐ 50-100 ☐ 100 – 200 ☐ 200 – 500 ☐ > 500

**Notes/Special Interests from employer:**

\_\_\_\_\_  
\_\_\_\_\_

## Services Offered: Please check all services of interest to your company

- ☐ **Injury Care** → **Would like ALL first aid visits billed to:** ☐ WC Insurance ☐ Company directly
- ☐ **DMV Physical** → ☐ return original forms and medical card to patient
- ☐ **Basic physicals** → ☐ Annual ☐ Pre employment
- ☐ **Drug Screens** → ☐ DOT ☐ Non DOT
  - Uses third party for random pulls: \_\_\_\_\_
  - Has own lab/CCF → ☐ CRL ☐ Quest ☐ Lab Corp ☐ Medtox
    - DOT Account number: \_\_\_\_\_
    - Non DOT Account number: \_\_\_\_\_
  - Would like eScreen: ☐ DOT ☐ Non DOT ☐ eCup Instant
    - Pre-employment
    - Post accident → ☐ on EVERY injury ☐ only when requested
    - Return to duty
    - Reasonable Suspicion
    - Random
- ☐ **Evidential Breath Alcohol Test** → ☐ DOT ☐ Non DOT
  - Post accident → ☐ on EVERY injury ☐ only when requested
- ☐ **Color Blind Test**
- ☐ **FIT test N95 respirator (Qualitative Mask Fitting Test)**
- ☐ **Audiology(hearing) with Physician Review**
  - Pre employment
  - Follow-up/ re-check
  - Annual
- ☐ **Spirometry (pulmonary function/lung capacity) with Physician Review**
- ☐ **Immunizations**
  - Hep B → ☐ Pre-employment only ☐ when requested
  - Hep A → ☐ Pre-employment only ☐ when requested
  - MMR → ☐ Pre-employment only ☐ when requested
  - Td/Tdap → ☐ Pre-employment only ☐ when requested
  - Varicella → ☐ Pre-employment only ☐ when requested
  - Influenza

- ☐ **Tuberculosis Testing (PPD)**
  - ☐ **Musculoskeletal Lifting Capacity Exam**
  - ☐ **Fit for Duty (Return to work evaluation)**
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