



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, PROMPLTY, 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** → give original forms and medical card to patient
 - Basic physicals** → Annual Pre employment Other: _____
 - Urine Drug Screen** → DOT NON / DOT
 - 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**
 - Worksite Health Promotions Program**
 - Fit for Duty (Return to work evaluation)**
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