

TREMONT MEDICAL CENTER P.A.
8312 CREEDMOOR RD
RALEIGH NC 27616
919-846-7403
FAX 919-870-6635

OCCUPATIONAL MEDICINE ACCOUNT INFORMATION

EMPLOYER NAME: _____

MAILING ADDRESS: _____ BILLING ADDRESS: _____

CONTACT PERSON: _____ ALTERNATE CONTACT: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

WORKER'S COMP INFORMATION

INSURANCE CARRIER: _____ PHONE: _____ FAX: _____

CLAIMS MAILING ADDRESS: _____

IS A DRUG SCREEN/BLOOD ALCOHOL REQUIRED FOR WORKER'S COMP INJURIES? YES NO

IF YES, WHO IS DESIGNATED TO RECEIVE THE RESULTS? _____

HOW WOULD YOU LIKE TO RECEIVE THE RESULTS? US MAIL SECURE FAX BOTH

OCCUPATIONAL MEDICINE SERVICES

PRE-EMPLOYMENT PHYSICALS	\$ _____
DOT PHYSICAL	\$ _____
URINALYSIS	\$ _____
DRUG SCREEN HANDLING	\$ _____
DRUG SCREEN W/MRO (5 PANEL)*	\$ _____
DOT DRUG SCREEN	\$ _____
BLOOD ALCOHOL	\$ _____
HEALTH SURVEY	\$ _____
TB MANTOUX	\$ _____
HEPATITIS B VACCINE	\$ _____
TD/TDAP VACCINES	\$ _____
FLU VACCINES	\$ _____
X-RAYS	\$ _____
_____	\$ _____
_____	\$ _____

*WE ARE ALSO ABLE TO COLLECT OTHER DRUG SCREEN PANELS—PLEASE ASK IF YOU REQUIRE A MORE EXTENSIVE PANEL

I UNDERSTAND AND ACCEPT THAT THE ABOVE NAMED COMPANY IS RESPONSIBLE FOR PAYMENT OF THE ENTIRE BILL.

COMPANY REPRESENTATIVE: _____ DATE: _____