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Richmond Hill, GA 31324  
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Occupational Medicine

318 Mall Blvd, Suite 300B  
Savannah, GA 31406  
(912) 358-1515  
Fax (912) 480-0505

### Workers Compensation

#### EMPLOYER INFORMATION

<b>COMPANY NAME:</b>	PHONE:
<b>CONTACT FOR AUTHORIZATION:</b>	CELL PHONE: EMAIL:
ALTERNATE CONTACT:	CELL PHONE EMAIL:
ADDRESS:	FAX:
CITY:	AFTER HOURS/EMERGENCY NAME:
STATE: ZIP:	AFTER HOURS/EMERGENCY PHONE:

#### WORKERS COMP BILL TO:

(CHECK ONE) <input type="checkbox"/> EMPLOYER	<input type="checkbox"/> W/C INSURANCE CARRIER	<input type="checkbox"/> THIRD PARTY (SEE BELOW)
<b>NAME OF INSURANCE CARRIER:</b>		
ADDRESS:	PHONE:	
	FAX:	
CITY:	EMAIL:	
STATE: ZIP:	CONTACT NAME:	

#### WORKERS COMP THIRD PARTY BILL TO:

<b>NAME OF THIRD PARTY:</b>		
ADDRESS:	PHONE:	
	FAX:	
CITY:	EMAIL:	
STATE: ZIP:	CONTACT NAME:	

#### WORKERS COMP DRUG SCREEN INSTRUCTIONS:

- Do you require a post-incident drug screen?  YES  NO
- Which type of drug screen do you require?  In-House Instant  Send Out (DOT/ NON DOT)
- Do you require a post-incident breath alcohol test?  YES  NO
- Which type of alcohol test do you require?  In-House Instant  Send Out (DOT/ NON DOT)

Chain of Custody Form Provided by: <input type="checkbox"/> ExperCare <input type="checkbox"/> Employer
Office notes and Results should be communicated via: Email: _____ Fax: _____
Is Fax Line Secure? <input type="checkbox"/> YES <input type="checkbox"/> NO (We will call before faxing to a non-secure line)
Contact Name: _____ Phone Number: _____

\*All Non-Negative instant screenings will be sent out for confirmation at employer's expense

\*Please see our Occupational Health form for more employer paid services such as pre-employment physicals, DOT physicals, drug screens, xrays, etc.