

Complete this form to set up an account at NO CHARGE and no obligations!!



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Telephone: 408-228-8400 Fax: 408-228-8401
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Form box containing checkboxes for 'New' and 'Update', and a 'Date' field.

A. CLIENT INFORMATION

Form fields for Client Information: Company Name, Address, City, State, Zip, Contact Person, Direct Telephone #, Fax, E-Mail Address, Business SIC CODE, Industry, # of local employees. Includes a question about billing for first aid injuries.

WORKERS' COMPENSATION INSURANCE CARRIER INFORMATION

Form fields for Workers' Compensation Insurance Carrier Information: Self Insured?, WC Insurance Carrier, Claims Address, Policy #, Effective Date, To, Phone, Fax, Carrier contact (if applicable)?, Phone.

EMPLOYER INJURY CARE INSTRUCTIONS

Form fields for Employer Injury Care Instructions: Does your company require a post-injury drug test?, Does your company accommodate Modified Work restrictions?, FIRST REPORT - Who should we call, e-mail or fax work statuses and fax first reports to?, PRIMARY: Direct #, Fax, Email, ALTERNATE: Direct #, Preferred communication method.

B. EMPLOYER INJURY CARE INSTRUCTIONS (skip to section C if not needed)

Form fields for Employer Injury Care Instructions (continued): What type of physical examinations do you require?, Who should we call, fax or e-mail physical examination results to?, PRIMARY: Direct #, Fax, Email, ALTERNATE: Direct #, MAIL TO: Same as above OR other address, Other Instructions.

**SUBSTANCE ABUSE PROGRAM (skip to section C if not needed)**

Do you have a drug and/or alcohol testing program?  Yes  No

Who is the contact for you drug and/or alcohol testing program?  Same as above **OR**

PRIMARY: \_\_\_\_\_ Direct # \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

ALTERNATE: \_\_\_\_\_ Direct # \_\_\_\_\_

Do you need  DOT (Dept of Transportation) or  Non-DOT drug tests?

If you need non-DOT, do you need a  5-Panel Instant Drug Test or  other drug test?

Will you use our testing laboratory & Medical Review Officer?  Yes  No

Laboratory Name (if use own lab) \_\_\_\_\_

Laboratory Account # \_\_\_\_\_

If using own lab, will  employees bring COC's (chain of custodies) or will we  keep COC's at clinic?

MRO Name (if using own MRO) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**C. How did you hear about us?**  insurance  another employer  internet search  AOM representative

walk-in  insurance broker other \_\_\_\_\_

**BILLING INSTRUCTIONS - who should receive bills and at what address for non wc bills?**

Same as primary contact and primary employer address for wc injuries **OR**  not applicable **OR**  as following

First Aid Bills go to: Name: \_\_\_\_\_

Address \_\_\_\_\_

Physical billis go to: Name: \_\_\_\_\_

Address \_\_\_\_\_

Drug screen go to: Name: \_\_\_\_\_

Address \_\_\_\_\_

**Are you interested in learning more about our services? (which ones)**  physicals  flu shots  hepatitis B

injury prevention programs  ergonomic eval  work capacity eval  drug & alcohol screening  respirator

vision/hearing tests  travel vaccinations  quarterly seminars

We look forward to working with you. Is there any other information we ought to know about your company or comments that you would like to make to help us to serve you and your employees better?

**AGREEMENT:**

Fees for physical exams and medical treatment are due and payable 30 days from the date of billing. Amounts due for medical treatment not paid within sixty (60) days of receipt of billing will be subject to a late payment charge of 10% and bear interest at the annual rate of 7% from the date of receipt in accordance with Section 4603.2 of the California Labor Code. Amounts due for physical exams not paid within thirty (30) days of billing will be subject to a late payment charge of 1% per month from the date of billing.

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax completed form to (408) 228-8401 or mail to Alliance Occupational Medicine @ 2737 Walsh Ave Santa Clara, CA 95051 or e-mail to info@allianceocmed.com

If you have questions, please call Rena Flovin at (408) 228-0455