

EXPERCARE

URGENT CARE

WORKERS COMPENSATION NEW ACCOUNT SET UP

EMPLOYER INFORMATION

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

WORKERS COMP BILL TO:

(CHECK ONE)	EMPLOYER (skip this section)	W/C INSURANCE CARRIER	OTHER
NAME OF INSURANCE CARRIER:			
ADDRESS:		CONTACT NAME:	
		PHONE:	
CITY:		FAX:	
STATE: ZIP:		EMAIL:	

WORKERS COMP THIRD PARTY ADMINISTRATOR BILL TO:

NAME OF THIRD PARTY ADMINISTRATOR:	
ADDRESS:	PHONE:
	FAX:
CITY:	EMAIL:
STATE: ZIP:	CONTACT NAME:

WORKERS COMP DRUG SCREEN INSTRUCTIONS:

Do you require a post-accident drug screen?	YES	NO
Will it be a DOT drug screen?	YES	NO
If non-DOT, in house 12 panel (instant result)	YES	NO
If non-negative, send for MRO (confirmation)?	YES	NO
Chain of Custody Form provided by:	Employer	ExperCare

Drug Screen should be billed to:

Employer	WC Ins.	WC Third Party Admin
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Drug Screen results should be communicated:

Immediately
Via Mail

Contact:
Phone #:
Secure Fax #:
Or (Call #

to secure fax line before sending)

GENERAL WORKERS COMP INSTRUCTIONS:

When being sent to our clinic to be evaluated you will give authorization by:

Phone Fax (912) 756-3773 Email (reception@theucconline.com)

Patient will bring authorization form

If patient needs to be referred to specialist, who can give approval?

OTHER NOTES / INSTRUCTIONS:

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

60 EXCHANGE STREET, SUITE B-7 RICHMOND HILL, GA 31324 PH: 912-756-2273 FAX: 912-756-3773 WWW.WEAREURGENTCARE.COM
318 MALL BLVD, SUITE 300B SAVANNAH, GA 31406 PH: 912-358-1515 FAX: 912-480-0505