

# COMPANY SPECIFICS

WorkHealth 840 E. Mount Hope, Lansing, MI 48906  
Office phone (517)327-5220 Fax: (517)327-9597

Office Manager: Ruth Knight PH: (517)816-4490 email: Ruthknight@workhealthmich.com  
Grace PH: (517)816-4472 email: Grace@workhealthmich.com

## Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Number of employees (local) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Alt Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please add additional contacts at the end if needed.

## Receiving report options after hour care requirements:

- E-mailed (we can send to multiple please list all that will need it)

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

- Faxed (machine must be confidential)

Fax Number: \_\_\_\_\_

Company requires after hours care:

- Yes
- No

Company requires after hour drug and alcohol testing:

- Yes
- No

## BILLING INFORMATION

### COMP CARRIER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

### Billing for Drug screens and physicals we do electronic invoice sent to emails:

Attn.: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip. \_\_\_\_\_

Phone: \_\_\_\_\_

**INJURED WORKER CARE REQUIREMENTS:**

**DRUG SCREENS:**

- N/A
- 5 panel express
- 5 Panel sent to lab
- 10 panel express
- 10 panel sent to lab
- DOT – we are MRO
- Non- DOT collection
- DOT collection
- Hair collection
- Hair - we are MRO

OTHER \_\_\_\_\_

**BAT**

- Non – DOT
- DOT

**Rechecks to be scheduled:**

- On own time
- During work times

**ADDITIONAL NOTES:**

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**PRE EMPLOYMENT REQUIREMENTS**

- BASIC PHYSICAL
- DOT PHYSICAL \*\*\*
- AUDIOGRAM
- TITMUS
- EKG
- PFT
- TB TEST
- LIFT TEST
- HEP B INJECTION
- LABS \_\_\_\_\_

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OTHER \_\_\_\_\_

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**PRE EMPLOYMENT DRUG TESTING:**

- N/A
- 5 panel express
- 5 Panel sent to lab
- 10 panel express
- 10 panel sent to lab
- DOT – we are MRO
- Non- DOT collection
- DOT collection
- Hair collection
- Hair - we are MRO

OTHER \_\_\_\_\_

**BAT**

- Non – DOT
- DOT

IF COLLECTION ONLY WILL EMPLOYEE BRING IN FORM OR WILL FORMS BE STORED ON SITE AT THE CLINIC

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\*\*\*\*SEE NEXT PAGE

**WITH DOT PHYSICALS THERE ARE MANY  
OPTIONS TO RECEIVE THE INFORMATION BACK**

- DRIVER TO TAKE CARD
- MAIL CARD
- DRIVER TO TAKE BACK LONG FORM
- EMAIL LONG FORM
- MAIL LONG FORM

**MISC:**

**RANDOMS**

- N/A
- 5 panel express
- 5 Panel sent to lab
- 10 panel express
- 10 panel sent to lab
- DOT – we are MRO
- Non- DOT collection
- DOT collection
- Hair collection
- Hair - we are MRO

OTHER \_\_\_\_\_

**BAT**

- Non – DOT
- DOT

**POST ACCIDENT TESTING:**

- N/A
- 5 panel express
- 5 Panel sent to lab
- 10 panel express
- 10 panel sent to lab
- DOT – we are MRO
- Non- DOT collection
- DOT collection
- Hair collection
- Hair - we are MRO

OTHER \_\_\_\_\_

**BAT**

- Non – DOT
- DOT

**ANNUAL TESTING REQUIRED:**

- Yes
- No

**Frequency**

- Yearly
- Bi- annually

- BASIC PHYSICAL
- DOT PHYSICAL \*\*\*
- AUDIOGRAM
- TITMUS
- EKG
- PFT
- TB TEST
- LIFT TEST
- HEP B INJECTION
- LABS \_\_\_\_\_

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OTHER \_\_\_\_\_

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Thank you for using Workhealth for your occupational needs. We appreciate your business. If you have any questions please feel free to contact us.

Please note that if the clinic does not receive authorization for treatment we will not see them until we have that.

\*\*Under workers comp a claim number must be emailed to Ruth within 5 days of the date of service.

\*\*\*\*We will no longer mail invoices so please include an email address