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)816-4477 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 requriements:

☐ 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:

_____

_____

_____

_____

_____

_____

_____

_____

PRE EMPLOYMENT REQUIREMENTS

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

_____

_____

_____

☐ OTHER_____

_____

_____

_____

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

_____

****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 _____

_____

_____

_____

☐ OTHER_____

_____

_____

_____

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 recieve authorization for treatment we will not see them untill 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