

CLIENT ENROLLMENT FORM
(Please complete the following sections)

CLIENT CONTACT INFORMATION			
Client Name:			
Primary Address:			
City, State, Zip Code:			
Tax ID:		Today's Date:	/ /
Type of Industry:		# Employees:	
Primary Contact:		Alternate Contact:	
Title:		Title:	
Telephone:	Ext:	Telephone:	Ext.:
Fax:		Fax:	
E-mail:		E-mail:	
Cell (optional):		Cell (optional):	
Additional Locations (if any):			

TPA CONTACT INFORMATION (optional)			
Client Name:			
Primary Address:			
City, State, Zip Code:			
Tax ID:		Today's Date:	/ /
Type of Industry:		# Employees:	
Primary Contact:		Alternate Contact:	
Title:		Title:	
Telephone:	Ext:	Telephone:	Ext.:
Fax:		Fax:	
E-mail:		E-mail:	
Cell (optional):		Cell (optional):	
Additional Locations (if any):			

RESULTS for DRUG SCREENING ONLY			
Designated Employee Representative (DER):			
Street Address:			
City, State, Zip Code:			
E-mail:			
Telephone:		Fax:	

RESULTS for OTHER MEDICAL SERVICES

Designated Employee Representative (DER):			
Street Address:			
City, State, Zip Code:			
E-mail:			
Telephone:		Fax:	

WORKERS COMPENSATION (if applicable)

Carrier Name:			
Street Address:			
City, State, Zip Code:			
Policy Number:			
Primary Contact:			
E-mail:			
Telephone:		Fax::	
Please circle who should receive the completed C4 forms: 1. Carrier; 2. Employer			
To whom should we fax the Work Status Report (WSR)?			Fax:
Is modified duty available? Please circle the correct response: 1. Yes; 2. No			

***** CREDIT CARD INFORMATION *****

Please CIRCLE the type of credit card to be used: 1. VISA; 2. MASTERCARD; 3. DISCOVER	
Credit Card Number:	
Expiration Date:	
V Code:	
Zip Code Where Credit Card Is Registered:	

NOTE: A bank issued money order or company issued check may be used in lieu of the above credit card for payment. However, the money order or check must be presented at the time of service.

REQUESTED SERVICES (Please place a \sqrt next to all that apply)

19A Physicals (Bus Drivers Only)	Drug Screen 9 Panel	Pulmonary Function Test
Agility Lift Test (Work Skills Assessment)	Drug Screen 10 Panel	PPD (Mantoux Skin Test)
Asbestos Exam	Drug Screen Hair	PPD Blood Test
Asbestos Questionnaire	EKG	Radiology (Chest X-Ray)
Audiometry (Hearing Test)	Fit For Duty (Return To Work) Exam	Random Drug & Alcohol Testing
Blood Testing, Baseline & Follow-up	Hepatitis B Titers	Reasonable Suspicion Training
Breath Alcohol Test DOT	Immunization Hepatitis A	Respirator Clearance Exam
Breath Alcohol Test non-DOT	Immunization Hepatitis B	Respirator Fit Test – Vapor
Consortium Management	Immunization Hepatitis A & B	Respirator Fit Test – Portaccount
DOT Physical Exam	Immunization Flu	School Physicals (state mandated)
Drug Screen Collection Only (Urine)	Immunizations Tetanus	Sports Physical
Drug Screen Collection Only (Hair)	Musculoskeletal Evaluation (Work Skills Assessment)	School Physician Services
Drug Screen, Instant 5 Panel	OSHA Respirator Questionnaire	Strategic Planning, Clinical & Financial
Drug Screen, Instant 10 Panel	Photo ID Card (laminated)	Vision Test Standard
Drug Screen 5 Panel DOT	Pre-Employment Physical	Vision Test Enhanced
Drug Screen 5 Panel non-DOT	Post Employment (Annual) Physical	Workplace Injury Treatment & Followup

NOTE: If the requested service is not listed above then please explain in the Special Instructions section below.

REQUESTED SERVICES (continued)

Special Instructions (if any):

If a primary site will be utilized, please circle which one: 1. Ken-Ton; 2. Southtowns (West Seneca)