

## Employer Enrollment Form

In order for our office to provide you and your employees with the best care possible our office asks that you answer the following questions and return this form to our office prior to sending any patients in for medical treatment.

Company Name \_\_\_\_\_ # of Employees \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Contacts: Name \_\_\_\_\_ Position \_\_\_\_\_ Email \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Worker's Compensation Carrier \_\_\_\_\_

Claims Mailing Address \_\_\_\_\_

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

Policy Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

What services is your company interested in? (Please check all that may apply)

**Physicals**

Annual Physicals

DMV Clearance

Other \_\_\_\_\_

**Drug Testing**

Pre-Employment

Post-Accident

Random/Cause

**Ancillary Services**

TB Testing

Vision Screening

Audio Screening

**Work Related Injuries**

Worker's Comp Billing

First Aid Billing (\*)

(\*) At Dr's Discretion

If you are interested in drug testing employees:

1. Do you require Non-DOT or DOT Drug Screening? \_\_\_\_\_

2. Do you require Breath Alcohol Screening? \_\_\_\_\_

3. Do you have your own lab or would you like us to use ours? \_\_\_\_\_

If you have your own lab/3<sup>rd</sup> party administrator please indicate) \_\_\_\_\_

Please list any additional testing requirements or specified requests \_\_\_\_\_

**Once you have completed this form please fax it to appropriate clinic (see fax numbers below).**

If you have additional questions, please contact our Occupational Medicine Coordinator,

Colleen, 805.928.1270 or email Colleen.Pyle@DignityHealth.org.

For any billing questions contact Renee, 805.928.1260 or email

Renee.McQuirter@DignityHealth.org.

**Med Plus Atascadero**

5920 West Mall, Atascadero

Phone 805.461.2131 • Fax 805.461.2077

**Med Plus Pismo Beach**

877 N. Oak Park Blvd., Pismo Beach

Phone 805.474.8450 • Fax 805.474.8454

**Med Plus Central Coast**

2271 S. Depot St., Santa Maria

Phone 805.614.9000 • Fax 805.614.9048