Employer Occupational Health Services

Customized services to meet your needs… *Provide us with the information that applies to your business. When you need to utilize Work Comp or Screening services, your specifications will be clearly outlined. It's that easy! If you have any further questions, please contact:*

marketing@memorialpromptcare.com
714/891-9008 x 249 / E-fax 714/908-5993

Memorial Prompt Care location(s) you will be utilizing:

- ❒ 18561 Beach Blvd. @ Main St. (714) 848-0080
- ❒ 15464 Goldenwest St. @ McFadden Ave. (714) 891-9008
- ❒ 9122 Adams Ave. @ Magnolia St. (714) 378-0900

Employer Information ❒ #

Name____ Store/Location #________

Location Street Address____

City____State_______Zip____________

Phone____Fax______________________

Type of Business ____

Hours / Days of Operation________________________________ ❒ Note

Employer Billing Contact Person_____________________________ # of employees_______________

E-mail Address ____

Treatment Authorization & Work Status Reporting ❒

Contact____Phone______________________________

E-mail Address___________________________________

Your employee leaves our office with an Employer & a Patient copy of the Work Status Report.
Indicate special reporting needs of the Initial status: ❒ FAX ❒ Phone ❒ Note

Modified Duty Available?: ❒ Always ❒ Never ❒ Varies ❒

Worker's Comp Insurance Carrier Information (Not Insurance Broker) ❒ #

Insurance Carrier_____________________________________Policy #__________________________

Address____

Phone____Fax #______________________________

Billing Employer Directly for Injuries* ❒ #

❒ First Aide Cases *ONLY* ❒ **ALWAYS**, unless instructed otherwise ❒ Note
❒ **NEVER** Bill Employer, Always bill W/C Carrier

How did you hear about our office/services available?

- ❒ Sign on Building
- ❒ Yellow Page Ad
- ❒ Insurance Carrier
- ❒ Other: ____
- ❒ Another Employer: ____________________________________
- ❒ Occupational Healthcare Representative
- ❒ Additional services requested or information update

***Payment Terms** (Applies to Bill Company Direct Injuries and Screening Services)
I agree to make full payment within 20 days of the invoice. I understand that services will not be rendered to my employees unless this agreement is signed and returned.

____________________________ ________________________ ______________
Signature Title Date

Return by FAX to 714/ 908-5993

Screening Services (Complete if applicable)

Employer Name: ____

Screening Result Reporting	❒ Account #

Contact__________________________ Phone____________________

Contact__________________________ Phone____________________

FAX ____________________ Secure? ❒ E-mail ____________________

Address (if different)____

Reporting Requirements: ❒ Phone ❒ FAX ❒ Mail ❒ Send with Patient ❒ Other______________

Check Applicable	Code	Menu of Service Options	Fee
	99429	Pre-Placement Exam	$45.
	90751 81002	DMV Exam including vision Urinalysis – Chemistry only *Total DMV*	73. 12. $85.
	99428	Annual Screening Exam	45.
	99385	Comprehensive Exam/Executive Physical	100.
	97670	Back Screening Exam (Functional Capacity)	40.
	97750,1	Grip Strength Testing (Jamar Test)	20.
	80100,1	Rapid Urine Drug Screen	35.
	80100,4	**D.O.T.** Urine Drug Screen	35.
	99000,1	Drug Screen Collection only	25.
	86580	TB Mantoux Skin Test	15.
	71010	- X-Ray: 1 view Chest with all positive TB results	42.
	81002	Urinalysis – Chemistry only	12.
	81000	Urinalysis – Complete w/microscopic	15.
	82075	Breath Alcohol Testing – **Westminster location only**	35.
	80102,1	- w/Confirmation - **Westminster location only**	50.
	92551	Hearing Test (Audiogram)	20.
		- Review Audio history results & certificate	25.
	92081	Vision Test (Orthorator)	20.
	94010	Pulmonary Function Test	30.
	94010,1	- Respirator Exam (review history form & certificate)	25.
	72100	X-Ray: 2 view Back	54.
	71010	X-Ray: 1 view Chest	42.
	71020	X-Ray: 2 view Chest	57.
	90632	Vaccination: Hepatitis A ($80.00 x 2 doses)	160.
	90746	Vaccination: Hepatitis B ($65.00 x 3 doses)	195.
	90658	Vaccination: Flu ***(price & availability varies each season)***	25.
	90714	Vaccination: Tetanus & Diphtheria (Td) *preservative free*	35.
	85024	CBC w/Differential	20.
	80053	Comprehensive Metabolic Panel #1369	30.
	~3216	Lipid/Cardiac Risk Profile (Chol, Tg, LDH, LDL, Ratio)	35.
	93000	EKG w/Interpretation	60.
	93015	Treadmill Stress Test	200.
	45330	Flexible Sigmoidoscopy	175.

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_______________________ _______________________ _______________

Signature Title Date

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