



Workers' Compensation /  
Occupational Medicine Services  
Client Account Setup

Thank you for choosing First Med Urgent Care for your workers' compensation and occupational medicine needs. We look forward to partnering with you to provide a safe and compliant workplace. To request an account, please complete the following information.

Note that all payments are due within 14 days of receipt of invoice in order to keep your account active and in good standing.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Additional Contact that can authorize Treatment:

Name	Phone	Email
1)		
2)		
3)		

Contacts that are authorized to receive DRUG SCREEN RESULTS:

Name	Phone	Email
1)		
2)		
3)		

How do you request drug screens be reported to your company:

E-Mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Mail: \_\_\_\_\_  
\_\_\_\_\_

Are Work Comp Claims submitted directly to the Employer or to the Work Comp Carrier?

Please note: If the employer elects to be billed directly, payment will be due from the employer 14 days after the invoice.

If the employer elects to bill the Work Comp carrier, the employer will need to initiate a Work Comp claim.

Employer:  
Accounts Payable Address: \_\_\_\_\_  
AP Phone: \_\_\_\_\_ AP Fax: \_\_\_\_\_  
 Work Comp Carrier:  
Carrier Name: \_\_\_\_\_  
Claims Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Claims Fax: \_\_\_\_\_ Policy #: \_\_\_\_\_

Services you would want to utilize:

- Post-Accident Injury Care
- Include Post-Accident Drug Screen
- DOT Physical

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Special instructions or comments:

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Please provide an electronic copy of any special or required forms that you would like attached to your account.

Employer Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title