



Fremont Urgent Care Center
3161 Walnut Avenue
Fremont, CA 94538
(510) 796-1000 Fax: (510) 796-1061

NEW COMPANY REGISTRATION

COMPANY:

Name: _____ Date: _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____ Cell: _____ Fax: _____
Industry: _____ Hours: _____ Employees: _____

CONTACTS:

1. Name: _____ Job Title: _____
Office #: _____ Ext: _____ Cell: _____ Fax: _____
Email: _____ Prefer Office or Cell Phone? _____
Address if different from above: _____
Receives Results: Work Status _____ Doctor's First Report _____ Drug/Alcohol _____ Physicals _____

2. Name: _____ Job Title: _____
Office #: _____ Ext: _____ Cell: _____ Fax: _____
Email: _____ Prefer Office or Cell Phone? _____
Address if different from above: _____
Receives Results: Work Status _____ Doctor's First Report _____ Drug/Alcohol _____ Physicals _____

3. Name: _____ Job Title: _____
Office #: _____ Ext: _____ Cell: _____ Fax: _____
Email: _____ Prefer Office or Cell Phone? _____
Address if different from above: _____
Receives Results: Work Status _____ Doctor's First Report _____ Drug/Alcohol _____ Physicals _____

4. Name: _____ Job Title: _____
Office #: _____ Ext: _____ Cell: _____ Fax: _____
Email: _____ Prefer Office or Cell Phone? _____
Address if different from above: _____
Receives Results: Work Status _____ Doctor's First Report _____ Drug/Alcohol _____ Physicals _____

****Results and Reports: Do you prefer Email or Fax? _____**

WORKERS COMP INSURANCE CARRIER:

Name: _____ Policy # _____
Address: _____ City: _____ State _____ Zip _____
Phone: _____ Fax: _____ Carrier or TPA _____
Dedicated Adjuster: _____ Email: _____ Phone: _____
Dedicated Adjuster: _____ Email: _____ Phone: _____

FREMONT URGENT CARE CENTER

WORKERS' COMP INSTRUCTIONS:

1. Require Authorization to Treat? _____
 2. Accommodate for Modified Duty? Yes / No / Case by Case
 3. Bill Insurance or Employer for 'First Aid' only claims? _____
 4. Drug Screen post injury? _____ 5-Panel Instant / 10-Panel Instant / Non-DOT Collect / DOT Collect /Saliva
 5. Breath Alcohol post injury? _____ Non-DOT Breath Alcohol / DOT Breath Alcohol / Blood Alcohol
 6. Dispense medications in clinic? _____ Do you have a 'First Fill Only' or Drug Card available? _____
 7. Special Instructions for injury care (physical therapy, specialist referrals or MRI)
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BILLING: Contact and Address

First Aid Only cases: _____ Address: _____
 Drug Screens: _____ Address: _____
 Alcohol Testing: _____ Address: _____
 New Hire Physicals: _____ Address: _____
 DOT Physicals: _____ Address: _____
 Other: _____

EMPLOYER SERVICES: Physicals

1. New Hire: DMV/DOT _____ Physical _____ DOT Drug Screen _____ Non DOT Drug Screen
 - a. Original MCSA 5875 Form and Medical Cert given to driver _____ Med Cert sent to employer _____
2. DOT Recert: Physical YES MCSA 5875 Form /Medical Cert to driver _____ Med Cert to employer _____
3. New Hire: _____ Physical _____ Drug Screen _____ Alcohol _____ TB Test _____ EKG _____ Vaccines _____
4. New Hire: _____ Physical _____ Drug Screen _____ Alcohol _____ TB Test _____ EKG _____ Vaccines _____
5. Respirator: OSHA Form YES Physical _____ Spirometry _____ Fit Testing _____
6. Haz/Mat or ERT: Physical _____ Spirometry _____ Fit Testing _____ Lab or Vaccines _____

Functional Capacity _____ Lift Test _____ Treadmill _____ X-Rays _____ Lab: Urine Arsenic / Blood Lead / CBC / Chem Panel

DRUG SCREENS AND BREATH ALCOHOL:

Drug Screens: New Hire _____ Random _____ Reasonable Suspicion _____ New Injury _____ Incident/Non Injury _____
 Breath Alcohol: New Hire _____ Random _____ Reasonable Suspicion _____ New Injury _____ Incident/Non Injury _____

We will use your lab and MRO _____ We have our own Chain of Custody Forms _____ We use eScreen Passports _____
 TPA: _____ Address: _____ City: _____ St: _____ Zip: _____

5-Panel Instant	10-Panel Instant	Non-DOT Collection	DOT Collection	Saliva
Non-DOT Breath Alcohol	DOT Breath Alcohol	Blood Alcohol		

VACCINATIONS: Vaccine or Titer

Hepatitis A _____ Hepatitis B _____ MMR _____ Varicella _____ TB _____ Chest X-Ray _____ T-Dap _____ Flu _____

Please return this form via email to: Carole@fremonturgent.com or fax to: 510-796-1061. If you have any questions, please call Carole at 408-221-0057. We look forward to partnering with you and offering compassionate care to your employees.
www.fremonturgentcare.com