



976 Mountain City Hwy, Elko Nevada 89801
Phone: 775-777-7587 Fax: 775-738-9584
Email: alonya@a-plusurgentcare.com

COMPANY DATA SHEET

Name of Company

Industry Type

Number of Employees

Physical Address

City

State

Zip

Billing Contact Name

Phone Number

Email

Fax Number

Billing Address

City

State

Zip

Name of Person(s) That Can Authorize Treatment

TPA Third Party Administrator

Third Party Administrator Name

Phone Number

Fax Number

Mailing Address

City

State

Zip

Worker's Compensation Insurance Information

Company Name

Phone Number

Fax Number

Mailing Address

City

State

Zip

Results Preferred By: Fax Email

Contact Name

Phone Number

Fax Number

Email Address

FORMS

Forms used by A+ Total Care to document physicals follow DOT guidelines:

- Will your company use A+ Total Care's Form? Yes No
 Will your company provide Physical Forms? Yes No

If your company will be sending a drug screen to a lab other than Lab Corp, Interpath, or Quest, you **MUST** supply a chain of custody form, collection cup and a FedEx mailing label.

- Will your company provide their own "chain of custody" form? Yes No
 Will your company provide their own collection cup? Yes No
 Will your company provide their own FedEx mailing label? Yes No

DRUG & ALCOHOL PROTOCOLS

Random:				
Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes,	<input type="checkbox"/> DOT <input type="checkbox"/> Instant	<input type="checkbox"/> Non-DOT
Alcohol Testing (Non-DOT):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Add'l Notes: _____				

Post-Accident:				
Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes,	<input type="checkbox"/> DOT <input type="checkbox"/> Instant	<input type="checkbox"/> Non-DOT
Alcohol Testing (Non-DOT):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Add'l Notes: _____				

Reasonable Suspicion:				
Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes,	<input type="checkbox"/> DOT <input type="checkbox"/> Instant	<input type="checkbox"/> Non-DOT
Alcohol Testing (Non-DOT):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Add'l Notes: _____				

Pre-Employment:				
Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes,	<input type="checkbox"/> DOT <input type="checkbox"/> Instant	<input type="checkbox"/> Non-DOT
Alcohol Testing (Non-DOT):	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Add'l Notes: _____				