



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:**

Carrier/TPA: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Dedicated Adjuster: \_\_\_\_\_ Email: \_\_\_\_\_

Dedicated Adjuster: \_\_\_\_\_ Email: \_\_\_\_\_

**WORKERS' COMP INSTRUCTIONS:**

1. Do you require Authorization for us to treat an injured worker? \_\_\_\_\_
2. Bill Insurance or Employer for 'First Aid' only claims? \_\_\_\_\_
3. Post Injury Drug and Alcohol
  - a. Drug Screen \_\_\_\_\_ 5-Panel Instant / 10-Panel Instant / Non-DOT Collect / DOT Collect
  - b. Breath Alcohol post injury? \_\_\_\_\_ Non-DOT Breath Alcohol / DOT Breath Alcohol
  - c. Drug and Alcohol upon request only \_\_\_\_\_
4. Do you have a 'First Fill Only' or Drug Card available for prescriptions? \_\_\_\_\_

**BILLING: Contact and Address**

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYER SERVICES: Physicals**

\_\_\_\_ DMV/DOT    \_\_\_\_ New Hire    \_\_\_\_ Respirator    \_\_\_\_ HazMat    \_\_\_\_ Asbestos    \_\_\_\_ Silica

**Vaccinations**

\_\_\_\_ Hepatitis B    \_\_\_\_ Tdap    \_\_\_\_ MMR    \_\_\_\_ Varicella    \_\_\_\_ TB/PPD    \_\_\_\_ Titers

**DRUG SCREENS AND BREATH ALCOHOL:**

Drug Screens:    \_\_\_\_ New Hire    \_\_\_\_ Random    \_\_\_\_ Reasonable Suspicion    \_\_\_\_ New Injury

Breath Alcohol:    \_\_\_\_ New Hire    \_\_\_\_ Random    \_\_\_\_ Reasonable Suspicion    \_\_\_\_ New Injury

\_\_\_\_ We will use your lab and MRO    \_\_\_\_ We have our own Chain of Custody Forms

\_\_\_\_ We use eScreen Passports

Please return this form via email to: [Carole@fremonturgent.com](mailto:Carole@fremonturgent.com) or fax: 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](http://www.fremonturgentcare.com)