

# NEWMD

urgent care

3431 Broadway St. ste.A8  
American Canyon, Ca 94503

Phone: 707.731.1108 Fax: 707.652.2679 Fax: 1.844.659.5606

## EMPLOYER PROTOCOLS FOR EPS/WC

### Worker's Compensation Insurance Information:

Carrier Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_

### Employer Information:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(if different from above)

Employer Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

### Pre-Employment Physicals:

Type of Physical:  DOT  PPD  Rapid 5/8/10 Panel Urine Drug Screen (please Circle number of panel)

Other (Specify): \_\_\_\_\_

### Post-Accident Drug Testing:

Federal DOT  Non-DOT  In-House Rapid 5/8/10 Panel Drug Testing (please Circle number of panel)

Other (Specify): \_\_\_\_\_

### Injury/Illness Protocol:

Return to Work Evaluation  Restricted Duty (Specify): \_\_\_\_\_

PLEASE SIGN & FAX TO NEW MD URGENT CARE AT 707.652.2679 or 1.844.659.5606

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_