1387 E 2nd street
Benicia, Ca 94510
P: 707.377.1007
F: 833.992.2353

EMPLOYER PROTOCOLS FOR EPS/WC

WORKERS COMP 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:_____ZipCode:_____
(If Different from above)

Employer Email:_____

Nature of Business: _____

PRE-EMPLOYMENT PHYSICALS:

- ❑ Federal DOT
- ❑ DOT
- ❑ Rapid Drug Screen: 5/ 8/ 10 (Please circle number of panel)
- ❑ Other:_____

POST ACCIDENT DRUG TESTING:

- ❑ Federal DOT
- ❑ DOT
- ❑ Rapid Drug Screen: 5/ 8/ 10 (Please circle number of panel)
- ❑ Other:_____

INJURY/ ILLNESS PROTOCOL:

- ❑ Return to work evaluation
- ❑ Restricted Duty (Specify): _____

Please sign & FAX TO URGENT CARE & TELEHEALTH AT 833.992.2353

PRINT NAME: _____

SIGNATURE:_____**DATE:**_____