



URGENT CARE & OCCUPATIONAL MEDICINE

6020 Sea Bluff Drive  
 Playa Vista, CA 90094  
 310.862.0400 fax: 310.862.0402  
 www.pvmedcenter.com

**Company Information**

NEW \_\_\_\_\_  
Update \_\_\_\_\_

Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Drug Screen Contact (if different than above contact) \_\_\_\_\_  
 Company Decision Maker \_\_\_\_\_ Title \_\_\_\_\_  
 Fax \_\_\_\_\_ Email Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_  
 Hours of Operation \_\_\_\_\_ Days of Week \_\_\_\_\_  
 Modified Work Available: Yes \_\_\_ No \_\_\_ Bill First Aid: Yes \_\_\_ No \_\_\_  
 Scheduling Follow-Up Visits (circle choice) Before After During Shifts  
 How did you hear about us? \_\_\_\_\_

**Billing Information**

**Bill Employer** Contact \_\_\_\_\_ Bill to: \_\_\_\_\_  
 First Aid Billing Y  N  Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Worker's Compensation Billing** Payor \_\_\_\_\_ Bill to: \_\_\_\_\_  
 Group \_\_\_\_\_  
 Policy \_\_\_\_\_  
 Phone \_\_\_\_\_  
 \*\*\* Modified Work Effective Date \_\_\_\_\_  
 Available Y  N

Previous Insurance \_\_\_\_\_ Term Date \_\_\_\_\_

**Physical Exam & Drug Screen Billing** Contact/TPA \_\_\_\_\_ Bill to: \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Drug & Breath Alcohol Screen Reporting	Post-Accident Drug Screen Y / N	Post-Accident BAT Y / N
Designated Employer Rep. (DER) <i>Designated employer representative (DER)</i> is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The DER must also be available during testing.	Alternative DER Phone _____ Cell _____ Email _____ Fax _____	Phone _____ Cell _____ Email _____ Fax _____

**Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please fax this form to (310) 862-0402 Attention Susan Karpriel**

