

COMPANY PROFILE / DRUG TEST PROGRAM



Company name:			
Address:			
Address (line 2):	City:	State:	Zip:
Contact name:	Phone:	Ext:	Fax:
Contact email:	Company Phone:		
Company Industry type:	# of Employees:		
Billing contact:	Phone:	Ext:	Fax:
CEO:			

Drug screening contact name:			
Department:	Phone:	Fax:	Email:
Different billing address? List here:			
Address (line 2):	City:	State:	Zip:
After hours drug screening contact:	Phone:	Ext:	Fax:

Work comp contact name:			
Department:	Phone:	Fax:	Email:
Different billing address? List here:			
Address (line 2):	City:	State:	Zip:
After hours work comp contact:	Phone:	Ext:	Fax:

Who would you like called for workers' compensation authorizations (check one)? Insurance Carrier Company

When would you like employee re-check appointments scheduled? _____

Pharmacy of choice: InstyMeds*(Available in Warsaw & Nappanee) Yes No Other: _____

*InstyMeds is an instant medication dispenser that allows your employees to fill their worker's comp prescriptions right in our clinic. This provides for a timely alternative to the pharmacy. These medications can be billed as a part of the employee visit for a seamless experience. For more information and assistance with InstyMeds, have your employee check with us while at MedStat.

Referral preferences: Ortho: _____ PT/OT: _____ ER: _____ Light duty work available? Yes No



COMPANY PROFILE / DRUG TEST PROGRAM



INJURY CARE:

Mail injury invoices to: <input type="checkbox"/> Company <input type="checkbox"/> WC Insurance			
WC Insurance company:		Policy or Group #:	
ATTN to:		Address:	
City:	State:	Zip:	
Phone:		Fax:	

DRUG / ALCOHOL SCREENINGS:

	Post Accident	Pre-employment	Suspicion	Random
DOT (NIDA 5)				
5 Panel Non-DOT				
5 Panel Rapid				
10 Panel				
10 Panel Rapid				
Hair Test				
K2 Test /Bath Salt				
Breath Alcohol Test				
Collect Only				

DRUG SCREEN REPORTING OPTIONS:

Fax
You will receive DOT and NON-DOT negatives directly from the lab. This will not include dilutes, or samples with low creatinine levels.

Internet
You will have access to DOT and NON-DOT results using a user ID and password to log onto www.myscreen.com. You will also receive an e-mail notification to let you know that new results are available.

MedStat
Negative results will be mailed within 2-3 business days. Positive results will be called immediately and confirmed by mail. DOT results will be called and confirmed by mail.

SERVICES REQUESTED: (MedStat can bring many services onsite)

<input type="checkbox"/> Injury care	<input type="checkbox"/> DOT/CDL Physicals	<input type="checkbox"/> Breath Alcohol Testing	<input type="checkbox"/> Drug Screens
<input type="checkbox"/> TB Testing	<input type="checkbox"/> Executive Physicals	<input type="checkbox"/> Respirator Physicals	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Audiometry Testing	<input type="checkbox"/> Hepatitis B Vaccine	<input type="checkbox"/> Hepatitis B Titer	<input type="checkbox"/> Wellness Services

Employment Physicals (Standard: Ht/Wt, Snellen vision, exam with house form)

Please select additional applicable procedures:

<input type="checkbox"/> Use company physical form	<input type="checkbox"/> Urine Dip	<input type="checkbox"/> Audiometry	<input type="checkbox"/> Spirometry	<input type="checkbox"/> TB Test
<input type="checkbox"/> EKG	<input type="checkbox"/> Titmus vision	<input type="checkbox"/> Ishihara color vision	<input type="checkbox"/> Drug test always included	
<input type="checkbox"/> Labs or titers needed _____			<input type="checkbox"/> X-Ray _____	

PLEASE MAIL OR FAX THIS FORM TO: ANNE CUAHUIZO, BUSINESS DEVELOPMENT SPECIALIST, ACUAHUIZO@KCH.COM
 1500 PROVIDENT DRIVE, SUITE A | WARSAW, IN. 46580
 PHONE: 574-372-3895 | FAX: 574-372-7684

