



3799 12th Street Extension, Suite 110, Cayce, SC 29033
 (803) 755-3337 • FAX: (803) 955-2225



Company Profile

Company Name: _____

Contact Information

Address: _____ _____ _____	Primary Contact Person: _____ Phone: _____ Ext: _____ Fax: _____
City: _____	Email: _____
State: _____	Alternate Contact Person: _____
Zip: _____	Phone: _____ Ext: _____
Company Type: _____	Fax: _____
Number of Employees: _____	Email: _____

Worker's Comp Contact Person (please do not list an insurance carrier representative): _____

Phone: _____ Ext: _____

Fax: _____ Email: _____

Company Billing Information

Company Billing Address: _____

Billing Phone #: _____

Billing Fax #: _____

Billing Contact: _____

Worker's Comp Billing Information

Name of Carrier: _____

Address of Carrier: _____

Phone #: _____

Fax #: _____

Name of Adjuster: _____

Services Requested (Check Off Desired Service)

Drug Screening: <input type="checkbox"/> Collection Only <input type="checkbox"/> Panel 7 <input type="checkbox"/> DOT, NIDA 5 <input type="checkbox"/> Instant Panel 5 <input type="checkbox"/> Panel 9 <input type="checkbox"/> DOT, collection only <input type="checkbox"/> Panel 5 <input type="checkbox"/> Panel 10	Physicals: <input type="checkbox"/> DOT <input type="checkbox"/> Respiratory <input type="checkbox"/> Pre-employment	Worker's Comp: <input type="checkbox"/> Light Duty Available <input type="checkbox"/> Drug Screen Req. <input type="checkbox"/> BAT Required	Other: <input type="checkbox"/> Audiogram <input type="checkbox"/> Random Drug Pool <input type="checkbox"/> Pulm. Function Testing <input type="checkbox"/> PPD's <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> Hep B
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