



**Farwell Medical Building**  
 39180 Farwell Drive, Suite 231  
 Fremont, CA 94538  
**Ph: 510-585-2545** Fax: 510-505-9287

[www.accessomnicare.com](http://www.accessomnicare.com)

Date:

**COMPANY INFORMATION**

Company Name			
Address	City	State	Zip
Phone	Fax	Pvt Fax	
Industry	Employees		
Types of Injuries	Injuries per year		

**COMPANY CONTACTS**

Receives Results

Name	Title			
Ph:	Cell	Fax:		
Email	Work Status	Drug & Alcohol	Physicals	
Name	Title			
Ph:	Cell	Fax:		
Email	Work Status	Drug & Alcohol	Physicals	
Name	Title			
Ph:	Cell	Fax:		
Email	Work Status	Drug & Alcohol	Physicals	

**WORKER'S COMPENSATION INSURANCE CARRIER**

CARRIER or TPA	ADDRESS		
CITY	STATE	ZIP	PHONE
FAX:	Billing Address:		
POLICY#	Effective Date		
ADJUSTER	Email	Fax	
<input type="checkbox"/> Bill Company for 1st Aid	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Bill Carrier for 1st Aid	

**Billing Contact for First Aid Claims:**

Address:

**POST INJURY DETAILS**

<b>Post Injury</b>			
Post Injury Drug Screen?	<input type="checkbox"/> 5-Panel Rapid	<input type="checkbox"/> 10 Panel Rapid	<input type="checkbox"/> Non-DOT Collect <input type="checkbox"/> DOT
<input type="checkbox"/> Drug Screening upon request only			
Post Injury Breath Alcohol	<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT	
<input type="checkbox"/> Breath Alcohol upon request only			
Modified Duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Case by Case

**PHYSICALS**

Post Offer	Respirator	ERT	DMV	Other Physicals
<input type="checkbox"/> Exam	<input type="checkbox"/> Exam	<input type="checkbox"/> Exam	<input type="checkbox"/> New	<input type="checkbox"/> Travel
<input type="checkbox"/> UDS	<input type="checkbox"/> Spirometry	<input type="checkbox"/> EKG	<input type="checkbox"/> Recert	<input type="checkbox"/> Return to Work
<input type="checkbox"/> PAT	<input type="checkbox"/> OSHA Form Only	<input type="checkbox"/> Hep B	<input type="checkbox"/>	<input type="checkbox"/> Fit For Duty
<input type="checkbox"/> PPD/TB	<input type="checkbox"/> Fit Testing	Mask: _____		

**Billing Contact for Physicals:**

**Address:**

**VACCINES/LAB WORK**

Hepatitis A	<input type="checkbox"/>	Vaccine	<input type="checkbox"/>	Titer	<input type="checkbox"/>	PPD/TB Skin Test
Hepatitis B	<input type="checkbox"/>	Vaccine	<input type="checkbox"/>	Titer	<input type="checkbox"/>	Tetanus / T-Dap
MMR	<input type="checkbox"/>	Vaccine	<input type="checkbox"/>	Titer	<input type="checkbox"/>	Influenza
Varicella	<input type="checkbox"/>	Vaccine	<input type="checkbox"/>	Titer	<input type="checkbox"/>	Lead ZPP

**DRUG AND ALCOHOL**

<b>Post Offer</b>	<input type="checkbox"/>	5-Panel Rapid	<input type="checkbox"/>	10 Panel Rapid	<input type="checkbox"/>	Breath Alcohol	
	<input type="checkbox"/>	Non-DOT Drug	<input type="checkbox"/>	DOT Drug	<input type="checkbox"/>	Collection Only	
<b>Reasonable Suspicion</b>	<input type="checkbox"/>	5-Panel Rapid	<input type="checkbox"/>	10 Panel Rapid	<input type="checkbox"/>	Breath Alcohol	
	<input type="checkbox"/>	Non-DOT Drug	<input type="checkbox"/>	DOT Drug	<input type="checkbox"/>	Collection Only	
<b>Random</b>	<input type="checkbox"/>	DOT Drug	<input type="checkbox"/>	Non-DOT Drug	<input type="checkbox"/>	Collection Only	
	<input type="checkbox"/>	DOT BAT	<input type="checkbox"/>	Non-DOT BAT	<input type="checkbox"/>	Set up Sub-Account/MIS	
Will you be using our Medical Review Officer (MRO)?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have your own Chain of Custody? If yes, check box below							
<input type="checkbox"/>	Pre-Employment	<input type="checkbox"/>	Post Accident	<input type="checkbox"/>	Random	<input type="checkbox"/>	Reasonable Suspicion
Will employees hand carry their COC forms to clinic?			Do you want us to keep them in the clinic?				

**Drug and Alcohol Billing**

UDS:	<i>Lab</i>	<i>TPA</i>	<i>Employer</i>	BAT-DOT:	<i>TPA</i>	<i>Employer</i>
UDS Collection:	<i>Lab</i>	<i>TPA</i>	<i>Employer</i>	BAT-Non-DOT:	<i>TPA</i>	<i>Employer</i>

**DOT Chain of Custody Forms**

Lab:	Acct#
Address:	City State Zip
MRO	Phone Fax

**Non-DOT Chain of Custody Forms**

Lab:	Acct#
Address:	City State Zip
MRO	Phone Fax