



Employer

EMPLOYER GENERAL INFORMATION

Company Name		Date	
Main Address			
# of Employees		Health Insurance Carrier	
Phone		Secure Fax	
Do you work with a TPA? If yes, who? What services do they do for you?			

CONTACT INFORMATION

DER Contact		DER Phone	
Primary Contact		Secondary Contact	
Title/Role		Title/Role	
Office Phone/ Mobile		Office Phone/Mobile	
Email		Email	

EMPLOYER SERVICE BILLING INFORMATION

Billing Address			
Contact Name and Title			
Phone		Fax	
Email			
Secure Email (Where invoices can be sent)			

WORKER COMPENSATION BILLING

Paid by Employer Bill Insurance Employer to Determine if Insurance will be Billed.
 **within 15 days of invoice date
 *If insurance cannot be bill or refuses to pay, the employer will be responsible for fees.

WORKER COMPENSATION INSURANCE CARRIER

Carrier Name		Policy Number	
Carrier Address			
Phone		Fax	
Case Manager			

PHARMACY SERVICE

Pharmacy Information	
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WORKER COMP SPECIAL INSTRUCTIONS

Do you always require a post-accident drug screen? Yes No Breath Alcohol Test? Yes No
 Requires authorization from company Requires authorization from company

EMPLOYER AUTHORIZATION & ACKNOWLEDGEMENT

On behalf of Employer, the undersigned certifies that (1) Employer's information above is correct and Employer will provide updates as needed; (2) Employer authorizes AFC Bon Secours Urgent Care to provide medical screenings and treatment to its employees and to share such employee information back to Employer in accordance with applicable law; (3) Employer will pay in full for all services rendered by AFC Bon Secours Urgent Care and submitted to Employer on a monthly basis; (4) Employer will pay for the services based on the fee schedule published by AFC Bon Secours Urgent Care which may be increased periodically; (5) if Employer does not remit payment within 60 days of an invoice, AFC Bon Secours Urgent Care will suspend services and/or employees will be required to pay at the time of service until Employer's account is current; (6) Any additional services added to the company profile after effective date of signature, will be subject to the current standard rates at that time of addition & the terms in this authorization & acknowledgement. This Employer Engagement Form supersedes any previous agreements executed with Harness Health Partners, Bon Secours Occupational Health, or AFC Bon Secours Urgent Care for the same or similar services.

Employer Authorized Name

Employer Authorized Signature

Title

Date

*Please note the date signed, will serve as the effective date.

OCCUPATIONAL HEALTHCARE SERVICES

RESULT INSTRUCTIONS: How would you like to receive results?

Worker's Comp:

Employer Portal Secure Fax (Fax: _____) Secure Email (Email: _____)

Employer Services:

Employer Portal Secure Fax (Fax: _____) Secure Email (Email: _____)

***Please note this is not a comprehensive list of all of our occupational health services. Please contact sales for additional services or questions.*

Drug Screens		Internal Codes	Pricing Info (Completed by Sales)
	10 PANEL INSTANT URINE TEST	10PAN ECUP10	
	5 PANEL INSTANT URINE TEST	5PAN ECUP5	
	9 PANEL (No THC) INSTANT URINE TEST	9PAN	
	4 PANEL (No THC) INSTANT URINE TEST	4PAN	
	DOT DRUG SCREEN (LAB BASED)	DRUG	
	Non-DOT DRUG SCREEN (LAB BASED)	DRUGN	
	HAIR 5PANEL DRUG SCREEN (LAB BASED)	DRUGH	
	URINE DRUG SCREEN Collection Only*	DRUGC	
	DRUG SCREEN HAIR Collection Only*	DRUGHC	
* Employer Supplied Chain of Custody			
Breath Alcohol Test			
	BREATH ALCOHOL TEST	BAT	
	BREATH ALCOHOL CONFIRMATION	BATC	
Physical Exams			
	PHYSICAL EXAM #1 LOW 1-2 pages	PREEMP	
	PHYSICAL EXAM #2 MOD 3 pages	PHYEX2	
	DOT PHYSICAL	DOTPE	
	RETURN TO WORK PHYSICAL EXAM	RTWPE	
	FIT FOR DUTY	DUTY	
Labs			
	COVID-19 (PCR)	87426	
	COVID-19 (Rapid)	87635	
	COMPLETE BLOOD COUNT	85025	
	COMPLETE METABOLIC PANEL	80053	
	LIPID PANEL	80061	
	URINALYSIS, DIPSTICK	81003	
Physical Test			
	AUDIOGRAM	92551	
	VISION- Near, Far, Color Depth	VISION	
	LIFT TEST 0-25 LB	LIFT	
	LIFT TEST 26-50 LB	LIFT2	
	LIFT TEST 50-100 LB	LIFT3	

TB Test		Internal Codes	Pricing Info (Completed by Sales)
	TB SKIN TEST	86580	
	TB SKIN TEST (2 STEP)	PPD2	
Vaccines*			
	INFLUENZA	90674	
	TDAP	90715	
	TD	90714	
	MMR	90707	
	VARICELLA	90716	
	HEP B VACCINE 3 DOSE	90746	
	HEP A	90632	
	TYPHOID	90691	
	RABIES (must prepay)	90675	
	Immunization Administration	90471	
* Prices subject to change. Immunization admin fees will be charged separate.			
Titers			
	MMR TITER INCLUDES: MUMPS MEASLES RUBELLA	86735 86765 86762	
	VARICELLA	86787	
	HEP A	86708	
	HEP B	86317	
	HEP C	86804	
X-ray			
	XRAY, CHEST 1 VIEW (TB)	71045	
	XRAY, CHEST 2 VIEW	71046	
Other Services			
	SPIROMETRY/PULMONARY FUNCTION	94010	
	EKG	93000	
	OSHA Respirator Questionnaire	REV	
Please fill in any additional services requested that are not listed above:			