

Employer			
EMPLOYER GENERAL INFORMATION			
Company Name		Date	
TPA Name			
# of Employees		Health Insurance Carrier	
Phone		Secure Fax	
Main Address			
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			
<input type="checkbox"/> Paid by Employer <input type="checkbox"/> Bill Insurance <input type="checkbox"/> Employer to Determine if Insurance will be Billed. <div style="text-align: center;">**within 15 days of invoice date</div> *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			
WORKER COMP SPECIAL INSTRUCTIONS			
Do you always require a post-accident drug screen? <input type="checkbox"/> Yes <input type="checkbox"/> No Breath Alcohol Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires authorization from company <input type="checkbox"/> Requires authorization from company			
EMPLOYER AUTHORIZATION & ACKNOWLEDGEMENT			
<i>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 Bon Secours Occupational Health 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 Bon Secours Occupational Health and submitted to Employer on a monthly basis; (4) Employer will pay for the services based on the fee schedule published by Bon Secours Occupational Health which may be increased periodically; (5) if Employer does not remit payment within 60 days of an invoice, Bon Secours Occupational Health 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 or Bon Secours Occupational Health for the same or similar services.</i>			
Employer Authorized Name	Title		
Employer Authorized Signature	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 & Breath Alcohol Testing *Company Supplied or provided by Occ Health Chain of Custody	Internal Codes	Pricing Info (Completed by Sales)
10 PANEL INSTANT URINE TEST	DR10PAN	
5 PANEL INSTANT URINE TEST	DR5PANE	
9 PANEL (No THC) INSTANT URINE TEST	DR9INST	
DOT DRUG SCREEN (LAB BASED)	DRDOT	
Non-DOT 5,7,9, or 10 Panel	DR57910	
HAIR 5PANEL DRUG SCREEN Collection Only	DRHAIRCO	
URINE DRUG SCREEN Collection Only*	DSCOLLEC	
HAIR TESTING 9 OR 10 PANEL	DRHAIR	
HAIR TESTING 5 PANEL	DRHAIR5	
NICOTINE URINE TEST	LANICUR	
MRO REVIEW BY PHYSICIAN	DRMRO	
CONFIRMATION DRUG TEST	DRCONF	
BREATH ALCOHOL CONFIRMATION TEST	DRBATCON	
BREATH ALCOHOL TEST	DRBAT	
Physical Exams		
PRE-EMPLOYMENT PHYSICAL EXAM	PHYSICAL	
BASIC PHYSICAL EXAM	PHBASIC	
ANNUAL EXAM	PHANNUAL	
DOT PHYSICAL	PHDOT	
RETURN TO WORK PHYSICAL EXAM	PERTW2	
FIT FOR DUTY	WCFTDUT1 WCFTDUT2 WCFTDUT3	
RESPIRATOR PHYSICAL	PHRESP	
Other Physical Type:		
Labs		
CHEMISTRY PROFILE	LACHEMPR	
CBC WITH DIFFERENTIAL	LACBCDIF	
CBC WITHOUT DIFFERENTIAL	LACBCNOD	
COMPREHENSIVE METABOLIC PANEL (CMP)	LACMP	
LIPID PANEL	LALIPPRO	
URINALYSIS, DIPSTICK	LAURROUT	
Ancillary Services		
AUDIOGRAM (AUDIO BOOTH) <input type="checkbox"/> With Physical <input type="checkbox"/> Annual	ANAUDSCN	
VISION- COLOR/ISHIHARA	ANCOLVIS	
VISION- SNELLEN	ANSNELL	
VISION- TITMUS	ANTITMUS	
LIFT TEST 0-100 LBS. # of LBS:	LIFTTEST	

TB Test	Internal Codes	Pricing Info (Completed by Sales)
T SPOT	LATSOT	
TB SKIN TEST	PPD	
TB SKIN TEST (2 STEP)	TB2STEP	
QUANTIFERON GOLD TB TESTING	LAQUA	
Vaccines*		
INFLUENZA	FLUVACC	
TDAP	RXTDAP	
MMR	RXMMR	
VARICELLA	RXVARICL	
HEP B VACCINE 3 DOSE	RXHEPB	
HEPLISAV HEP B	HEPLISVB	
HEP A	RXHEPAIN	
* Prices subject to change. Immunization admin fees will be charged separate.		
Titers		
MMR TITER	LARUBOIG LAMUMAB LARUBIGG	
HEP A	LAHEPAAN	
HEP B	LAHBANTI	
VARICELLA	LAVARIGG	
X-ray		
XRAY, CHEST 1 VIEW	XRCHEST1	
XRAY, CHEST 2 VIEW	XRCHEST2	
CHEST 1 VIEW w/ B-READING	XRCHST1B	
Other Services		
TB QUESTIONNAIRE	TBQUEST	
SPIROMETRY/PULMONARY FUNCTION	ANPFT	
RESPIRATOR FIT TEST- QUALITATIVE	ANRESFQL	
RESPIRATOR FIT TEST- QUANTITATIVE	ANRESFQN	
OSHA Respirator Questionnaire	ANRESQUE	
EKG	ANEKG	
Please fill in any additional services requested that are not listed above:		
After-Hours drug screening services?		