

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

- 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? <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

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 Mercy Health Occupational Health Services 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 Mercy Health Occupational Health Services and submitted to Employer on a monthly basis; (4) Employer will pay for the services based on the fee schedule published by Mercy Health Occupational Health Services which may be increased periodically; (5) if Employer does not remit payment within 60 days of an invoice, Mercy Health Occupational Health Services 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 Mercy Health Occupational Health Services 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 & Breath Alcohol Testing		Internal Codes	Pricing Info (Completed by Sales)	TB Test		Internal Codes	Pricing Info (Completed by Sales)
*Company Supplied or provided by Occ Health Chain of Custody							
10 PANEL INSTANT URINE TEST		DR10PAN		T SPOT		LATSOT	
5 PANEL INSTANT URINE TEST		DR5PANE		TB SKIN TEST		PPD	
9 PANEL (No THC) INSTANT URINE TEST		DR9INST		TB SKIN TEST (2 STEP)		TB2STEP	
DOT DRUG SCREEN (LAB BASED)		DRDOT		QUANTIFERON GOLD TB TESTING		LAQUA	
Non-DOT 5,7,9, or 10 Panel		DR57910		Vaccines*			
HAIR 5PANEL DRUG SCREEN Collection Only		DRHAIRCO		INFLUENZA		FLUVACC	
URINE DRUG SCREEN Collection Only*		DSCOLLEC		TDAP		RXTDAP	
HAIR TESTING 9 OR 10 PANEL		DRHAIR		MMR		RXMMR	
HAIR TESTING 5 PANEL		DRHAIR5		VARICELLA		RXVARICL	
NICOTINE URINE TEST		LANICUR		HEP B VACCINE 3 DOSE		RXHEPB	
MRO REVIEW BY PHYSICIAN		DRMRO		HEPLISAV HEP B		HEPLISVB	
CONFIRMATION DRUG TEST		DRCONF		HEP A		RXHEPAIN	
BREATH ALCOHOL CONFIRMATION TEST		DRBATCON		* Prices subject to change. Immunization admin fees will be charged separate.			
BREATH ALCOHOL TEST		DRBAT		Titers			
Physical Exams						LARUBOIG LAMUMAB LARUBIGG	
PRE-EMPLOYMENT PHYSICAL EXAM		PHYSICAL		MMR TITER			
BASIC PHYSICAL EXAM		PHBASIC		HEP A		LAHEPAAN	
ANNUAL EXAM		PHANNUAL		HEP B		LAHBANTI	
DOT PHYSICAL		PHDOT		VARICELLA		LAVARIGG	
RETURN TO WORK PHYSICAL EXAM		PERTW2		X-ray			
FIT FOR DUTY		WCFTDUT1 WCFTDUT2 WCFTDUT3		XRAY, CHEST 1 VIEW		XRCEST1	
RESPIRATOR PHYSICAL		PHRESP		XRAY, CHEST 2 VIEW		XRCEST2	
Other Physical Type:				CHEST 1 VIEW w/ B-READING		XRCHST1B	
Labs				Other Services			
CHEMISTRY PROFILE		LACHEMPR		TB QUESTIONNAIRE		TBQUEST	
CBC WITH DIFFERENTIAL		LACBCDIF		SPIROMETRY/PULMONARY FUNCTION		ANPFT	
CBC WITHOUT DIFFERENTIAL		LACBCNOD		RESPIRATOR FIT TEST- QUALITATIVE		ANRESFQL	
COMPREHENSIVE METABOLIC PANEL (CMP)		LACMP		RESPIRATOR FIT TEST- QUANTITATIVE		ANRESFQN	
LIPID PANEL		LALIPPRO		OSHA Respirator Questionnaire		ANRESQUE	
URINALYSIS, DIPSTICK		LAURROUT		EKG		ANEKG	
Ancillary Services				Please fill in any additional services requested that are not listed above:			
AUDIOGRAM (AUDIO BOOTH)		ANAUDSCN					
<input type="checkbox"/> With Physical <input type="checkbox"/> Annual							
VISION- COLOR/ISHIHARA		ANCOLVIS					
VISION- SNELLEN		ANSNELL					
VISION- TITMUS		ANTITMUS					
LIFT TEST 0-100 LBS. # of LBS:		LIFTTEST		After-Hours drug screening services?			