

# WORKMEN'S COMPENSATION INFORMATION

Company Name (Employer): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary

Secondary

Fax Number: \_\_\_\_\_

Primary

Secondary

Contact Person(s): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

\_\_\_\_\_

Carrier's Phone Number: \_\_\_\_\_

Carrier's Fax Number: \_\_\_\_\_

Contact Person (If Available): \_\_\_\_\_

Do you require Drug Screening (Post-Accident, Pre-Employment and/or Random)?\*\* \_\_\_\_\_

In-House Test or MRO (Chain of Custody)\*\* \_\_\_\_\_

Do you require Alcohol Breath Testing? \_\_\_\_\_ In-House or MRO? \_\_\_\_\_

Do you offer Light-Duty for injured employees? \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_

**\*\*This is not covered by WorkComp and will be billed to the employer\***

We offer a 5 or 10 panel, in-house Clia-waived Urine Drug Screen.

Most national chains require a "Chain of Custody" UDS.