Hybrid MD Urgent Care

1031 Avenida Pico Suite #103

San Clemente CA 92673

T: 949.429.1919 F: 949.429.7267

www.HybridMDoc.com

Company Information

NEW (date) _____
Update (date) _____

Company _____
Address _____ City _____ Zip _____
Contact _____ Title _____ Phone _____
Drug Screen Contact (if different than above contact) _____
Company Decision Maker _____ Title _____
Fax Number _____ Email Address _____
Type of Business _____ No. of Employees _____
Hours of Operation _____ Days of Week _____
Modified Work Available: **Yes** ☐ **No** ☐ Bill First Aid: **Yes** ☐ **No** ☐
Scheduling Follow-up Visits (check as appropriate): **Before** ☐ **After** ☐ **During Shift** ☐
How did you hear about us?

Billing Information

Bill Employer
First Aid Billing **Yes** ☐ **No** ☐
(check as appropriate)

Contact _____ Bill to: _____
Phone _____
Fax _____
Email _____

Worker's Compensation Billing
**** Modified Work Available* **Yes** ☐ **No** ☐
(check as appropriate)

Payor _____ Bill to: _____
Group _____
Policy _____
Phone _____
Effective Date _____

Previous Insurance _____ Term Date _____

Physical Exam & Drug Screening Billing

Contact/TPA _____ Bill to: _____
Phone _____
Fax _____
Email _____

Drug Screen Reporting	**Post-Accident Drug Screen** **Yes** ☐ **No** ☐

Designated Employer Rep. (DER)

Designated Employer Rep. (DER) is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove employees from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The DER must also be available during testing.

Phone _____
Cell _____
Email _____
Fax _____

Alternative DER

Phone _____
Cell _____
Email _____
Fax _____

Additional Information

_____
_____
_____
_____

Please fax this form to (949) 429 7267 Attention to Kevin Ferguson