

St. Vincent's Occupational Health Clinics
Birmingham, Alabama

COMPANY PROFILE		
Company Name:		
Address:		
City:	State:	Zip:
Contact Person:		Title:
Phone:	Ext:	
Fax:		
Company Type:		
# of Employees:		
Standard Industry Code:		
Comments:		

BILLING INFORMATION		
Billing Contact Person:		Title:
Phone:	Ext:	
Fax:		
Work Comp Carrier:		
Phone:	Ext:	Fax:
Claims Adjuster:		
Address:		
City:	State:	Zip:
Third Party Administrator:		
Only for: ___ drug screens ___ physicals ___ other: _____		
TPA Contact Person:		Title:
Phone:	Ext:	
Fax:		
Address:		
City:	State:	Zip:

COMPANY PREFERENCES		
Site:	<input type="checkbox"/> OHC 1	<input type="checkbox"/> OHC 2
		<input type="checkbox"/> Emergency Dept.
Company's Hours of Operation:		Days of Week:

Contact for Drug Screen Reports:		
Phone:	Ext:	Fax:

WC Bills sent to:	<input type="checkbox"/> Company [Attn: _____]	<input type="checkbox"/> WC Carrier/Insurance
--------------------------	--	---