



EMPLOYER INTAKE FORM

New Employer
Updates

| SECTION I – EMPLOYER | | | |
|--|---|-----------------------------|--------------------|
| 1. Legal Name | | 2. DBA (if applicable) | |
| 3. Physical Address | | 4. City | 5. State 6. ZIP |
| 7. Mailing Address (if different) | | 8. City | 9. State 10. ZIP |
| 11. Main Phone | | 12. Main Fax | |
| 13. Authorizing Contact | | 14. Job Title, Role or Site | 15. E-mail Address |
| 16. Direct Phone | 17. Direct Fax | | 18. Cell Phone |
| 19. Second Contact (if any) | | 20. Job Title, Role or Site | 21. E-mail Address |
| 22. Physical Address | | 23. City | 24. State 25. ZIP |
| 26. Direct Phone | 27. Direct Fax | | 28. Cell Phone |
| 29. Third Contact (if any) | | 30. Job Title, Role or Site | 31. E-mail Address |
| 32. Physical Address | | 33. City | 34. State 35. ZIP |
| 36. Direct Phone | 37. Direct Fax | | 38. Cell Phone |
| 39. Federal ID (FEIN) | 40. Industry (See Standard Industry Codes List) | 41. Number of Employees | |
| 42. Sales Rep | 43. Notes | | |
| SECTION II – GUARANTOR | | | |
| <input type="checkbox"/> Work Comp Carrier <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Employer Paid | | | |
| 44. Name | | 45. Federal ID (FEIN) | |
| 46. Billing Address | | 47. City | 48. State 49. ZIP |
| 50. Contact | | 51. Title | 52. E-mail Address |
| 53. Direct Phone | 54. Direct Fax | | 55. Cell Phone |
| 56. Policy Number | 57. Effective Date | | 58. End Date |
| SECTION III – OTHER GUARANTOR | | | |
| <input type="checkbox"/> Work Comp Carrier <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Employer Paid | | | |
| 59. Name | | 60. Federal ID (FEIN) | |
| 61. Billing Address | | 62. City | 63. State 64. ZIP |
| 65. Contact | | 66. Title | 67. E-mail Address |
| 68. Direct Phone | 69. Direct Fax | | 70. Cell Phone |
| 71. Policy Number | 72. Effective Date | | 73. End Date |

SECTION V – WORKERS COMP INJURIES (Check all that apply and fill in any contact information)

| | | | |
|------------------|--------------------------|----|--|
| Check-In | <input type="checkbox"/> | 77 | 1st aid whenever possible-bill company. |
| | <input type="checkbox"/> | 78 | Company to specify procedures-delete any not required. |
| | <input type="checkbox"/> | 79 | DO NOT DISPENSE MEDS! - INS REQUIRES PRESCRIPTION! |
| | <input type="checkbox"/> | 80 | DRUG SCREEN ON ALL NEW INJURIES! |
| | <input type="checkbox"/> | 81 | Drug screen on new injuries when requested. |
| | <input type="checkbox"/> | 82 | Modified work available. |
| | <input type="checkbox"/> | 83 | Modified work NOT available. |
| | <input type="checkbox"/> | 84 | Modified work case by case. |
| | <input type="checkbox"/> | 85 | |
| Check-Out | <input type="checkbox"/> | 86 | Call status reports to company. |
| | <input type="checkbox"/> | 87 | Call cell phone _____ |
| | <input type="checkbox"/> | 88 | E-mail status reports to _____ |
| | <input type="checkbox"/> | 89 | Fax status reports to company |
| | <input type="checkbox"/> | 90 | Fax status reports to insurance carrier. |
| | <input type="checkbox"/> | 91 | Mail status reports to company. |
| | <input type="checkbox"/> | 92 | Mail status reports to insurance carrier. |
| | <input type="checkbox"/> | 93 | No 1st aid billing to company - send all to carrier. |
| | <input type="checkbox"/> | 94 | Schedule all PT & F/U appts outside work hours. |
| | <input type="checkbox"/> | 95 | |

SECTION VI – DRUG SCREENS (Check all that apply and fill in any needed information)

| | | | |
|------------------|--------------------------|-----|--|
| Check-In | <input type="checkbox"/> | 96 | Company to specify procedures - delete any not required. |
| | <input type="checkbox"/> | 97 | Company's drug testing program is administered by _____. |
| | <input type="checkbox"/> | 98 | Kits & airbills in clinic. Pt will bring COC form. Co will send forms overnight prior to appt. |
| | <input type="checkbox"/> | 99 | Lab is _____; Courier is _____. |
| | <input type="checkbox"/> | 100 | Patient must pay for own drug/alcohol testing. |
| | <input type="checkbox"/> | 101 | Patient will bring COC form, kit & airbill. |
| | <input type="checkbox"/> | 102 | SOMG is MRO. |
| | <input type="checkbox"/> | 103 | Use our instant drug test kit. |
| | <input type="checkbox"/> | 104 | Use our lab for drug screen. |
| Check-Out | <input type="checkbox"/> | 105 | |
| | <input type="checkbox"/> | 106 | Call cell phone _____ |
| | <input type="checkbox"/> | 107 | Call company with results. |
| | <input type="checkbox"/> | 108 | Call company with abnormal results only. |
| | <input type="checkbox"/> | 109 | Call company with positive results only. |
| | <input type="checkbox"/> | 110 | Copies of COC form/BAT must accompany invoice. |
| | <input type="checkbox"/> | 111 | E-mail results to _____ |
| | <input type="checkbox"/> | 112 | Fax MRO copy of COC form, & BAT if performed, to _____ |
| | <input type="checkbox"/> | 113 | Fax results to company. |
| | <input type="checkbox"/> | 114 | Give patient nothing. |
| | <input type="checkbox"/> | 115 | If BAT is positive, call STAT with results. |
| | <input type="checkbox"/> | 116 | Mail employer copy of COC form/BAT results to _____ |
| | <input type="checkbox"/> | 117 | Mail results to company. |
| | <input type="checkbox"/> | 118 | |

SECTION VII – PHYSICALS (Check all that apply and fill in any contact information)

| | | |
|--------------------------|--|--|
| Check-In | <input type="checkbox"/> | 119 Company to specify procedures-delete any not required. |
| | <input type="checkbox"/> | 120 Patient must pay for own exam. |
| | <input type="checkbox"/> | 121 Patient will bring in company exam forms. |
| | <input type="checkbox"/> | 122 Use company exam forms in clinic. |
| | <input type="checkbox"/> | 123 Use our baseline hazmat exam forms. |
| | <input type="checkbox"/> | 124 Use our periodic hazmat exam forms. |
| | <input type="checkbox"/> | 125 Use our DMV forms. |
| | <input type="checkbox"/> | 126 Use our exam forms. |
| | <input type="checkbox"/> | 127 Use our forms & our respirator certification. |
| | <input type="checkbox"/> | 128 |
| Check-Out | <input type="checkbox"/> | 129 Call company with results. |
| | <input type="checkbox"/> | 130 Call company with abnormal results only. |
| | <input type="checkbox"/> | 131 Call cell phone _____ |
| | <input type="checkbox"/> | 132 E-mail results to _____ |
| | <input type="checkbox"/> | 133 Fax reports to company. |
| | <input type="checkbox"/> | 134 Fax reports to insurance carrier. |
| | <input type="checkbox"/> | 135 Give patient DOT card & copy of exam form. |
| | <input type="checkbox"/> | 136 Give patient DOT card & original exam form. |
| | <input type="checkbox"/> | 137 Give patient nothing. |
| | <input type="checkbox"/> | 138 Mail copies of DOT card & exam form to company. |
| | <input type="checkbox"/> | 139 Mail copy of DOT card & original exam to company. |
| | <input type="checkbox"/> | 140 Mail DOT card & original exam form to company. |
| | <input type="checkbox"/> | 141 Mail exam form to company. |
| | <input type="checkbox"/> | 142 Mail respirator certification to company. |
| | <input type="checkbox"/> | 143 Mail original exam form directly to DMV. |
| <input type="checkbox"/> | 144 PO# must be put on exam worksheet for billing! | |
| <input type="checkbox"/> | 145 | |

NOTES:

| | |
|--|----------------------------------|
| Information taken by: _____ | On ___/___/___ |
| Received information from: _____ (Employer Representative) | |
| Data Entry On ___/___/___ By _____ | Reviewed On ___/___/___ By _____ |

STANDARD INDUSTRY CODES

(for Box 40)

| SIC | INDUSTRY | SIC | INDUSTRY |
|------|--|------|--|
| 2891 | Adhesives and Sealants | 7011 | Hotels and Motels |
| 4522 | Air Transportation, Nonscheduled | 2024 | Ice Cream and Frozen Desserts |
| 4512 | Air Transportation, Scheduled | 5084 | Industrial Machinery and Equipment |
| 5531 | Auto and Home Supply Stores | 781 | Landscape Counseling & Planning |
| 5012 | Automobiles and Other Motor Vehicles | 782 | Lawn and Garden Services |
| 7532 | Automotive Body Repair & Paint Shops | 4141 | Local Bus Charter Service |
| 7549 | Automotive Services, Except Repair and Carwashes | 4119 | Local Passenger Transportation |
| 7231 | Beauty Shops | 4214 | Local Trucking with Storage |
| 5551 | Boat Dealers | 5031 | Lumber, Plywood, Millwork & Wood Panels |
| 2789 | Bookbinding and Related Work | 8742 | Management Consulting Services |
| 7349 | Building Cleaning and Maintenance Services | 3999 | Manufacturing Industries, Not Elsewhere Classified |
| 4142 | Bus Charter Service, Except Local | 4491 | Marine Cargo Handling |
| 1751 | Carpentry Work | 5047 | Medical, Dental & Hospital Equipment & Supplies |
| 7217 | Carpet and Upholstery Cleaning | 2431 | Millwork |
| 8221 | Colleges, Universities and Professional Schools | 5399 | Miscellaneous General Merchandise Stores |
| 2759 | Commercial Printing | 5999 | Miscellaneous Retail Stores |
| 4899 | Communications Services, Not Elsewhere Classified | 3621 | Motors and Generators |
| 5734 | Computer and Computer Software Stores | 8059 | Nursing and Personal Care Facilities |
| 7376 | Computer Facilities Management Services | 5044 | Office Equipment |
| 7378 | Computer Maintenance and Repair | 8049 | Offices and Clinics of Health Practitioners |
| 2021 | Creamery Butter | 6515 | Operators of Residential Mobile Home Sites |
| 6062 | Credit Unions, Non-Federally Chartered | 783 | Ornamental Shrub and Tree Services |
| 3281 | Cut Stone and Stone Products | 5172 | Petroleum and Petroleum Products Wholesalers |
| 8243 | Data Processing Schools | 1742 | Plastering, Drywall, Acoustical & Insulation Work |
| 7381 | Detective, Guard and Armoured Car Services | 3089 | Plastics Products, Not Elsewhere Classified |
| 2675 | Die-Cut Paper and Paperboard and Cardboard | 1711 | Plumbing, Heating & Air Conditioning |
| 2591 | Drapery Hardware, Window Blinds & Shades | 2048 | Prepared Feed & Feed Ingredients for Animals |
| 5813 | Drinking Places (Alcoholic Beverages) | 4832 | Radio Broadcasting Stations |
| 5812 | Eating Places | 3273 | Ready-Mixed Concrete |
| 5063 | Electrical Apparatus and Equipment Supplies | 1761 | Roofing, Siding and Sheet Metal Work |
| 3629 | Electrical Industrial Apparatus | 4959 | Sanitary Services, Not Elsewhere Classified |
| 1731 | Electrical Work | 5093 | Scrap and Waste Materials |
| 7361 | Employment Agencies | 8999 | Services, Not Elsewhere Classified |
| 8711 | Engineering Services | 4952 | Sewerage Systems |
| 7359 | Equipment Rental and Leasing | 1799 | Special Trade Contractors |
| 5651 | Family Clothing Stores | 3312 | Steel Works, Blast Furnaces and Rolling Mills |
| 5083 | Farm & Garden Machinery & Equipment | 1791 | Structural Steel Erection |
| 9224 | Fire Protection | 1743 | Terrazzo, Tile, Marble and Mosaic Work |
| 3211 | Flat Glass | 4213 | Trucking, Except Local |
| 2026 | Fluid Milk | 5932 | Used Merchandise Stores |
| 3594 | Fluid Power Pumps and Motors | 5331 | Variety Stores |
| 2038 | Frozen Food Specialties | 742 | Veterinary Services for Animal Specialties |
| 7538 | General Automotive Repair Shops | 8249 | Vocational Schools, Not Elsewhere Classified |
| 1541 | General Contractors, Industrial Bldgs & Warehouses | 1623 | Water, Sewer, Pipeline, Power Line Construction |
| 1521 | General Contractors, Single Family Houses | 7692 | Welding Repair |
| 4225 | General Warehousing and Storage | 5182 | Wine and Distilled Alcoholic Beverages |
| 8099 | Health and Allied Services | 5621 | Women's Clothing Stores |
| 7353 | Heavy Construction Equipment Rental & Leasing | 1795 | Wrecking and Demolition Work |
| 1611 | Highway and Street Construction | | |

SECTION IV – SERVICES (Check all that apply)

| Services | Code | Description | Services | Code | Description |
|--------------------------|------|--|--------------------------|------|-------------------------------------|
| | | Physicals | <input type="checkbox"/> | 166 | Blood Pressure |
| <input type="checkbox"/> | 100 | DOT Exam | <input type="checkbox"/> | 106 | Audiogram |
| <input type="checkbox"/> | 102 | Physical Exam | <input type="checkbox"/> | 111 | Pulmonary Function Test |
| <input type="checkbox"/> | 128 | Respiratory Compliance Exam | <input type="checkbox"/> | 143 | Respirator Fit Test |
| <input type="checkbox"/> | 182 | Hazmat Exam | <input type="checkbox"/> | 216 | Resp Questionnaire Review |
| <input type="checkbox"/> | 190 | Brief Exam with Back Evaluation | <input type="checkbox"/> | 280 | Respirator Fit Test (with Bitrex) |
| <input type="checkbox"/> | 264 | FAA Physical Exam 1st Class | <input type="checkbox"/> | 112 | EKG, Resting |
| <input type="checkbox"/> | 264 | FAA Physical Exam 2nd Class | <input type="checkbox"/> | 103 | Muscle Strength Test |
| <input type="checkbox"/> | 264 | FAA Physical Exam 3rd Class | <input type="checkbox"/> | 123 | Back Evaluation |
| <input type="checkbox"/> | 251 | DOT Exam Re-Evaluation | <input type="checkbox"/> | 206 | Aerobic Step Test |
| | | | <input type="checkbox"/> | 720 | Step Test-Aerobic |
| | | Drug and Alcohol Screening | <input type="checkbox"/> | 258 | Musculoskeletal Screening |
| <input type="checkbox"/> | 101 | Collection UDS DOT | <input type="checkbox"/> | 266 | Lift Test |
| <input type="checkbox"/> | 107 | Collection UDS Non-DOT | | | |
| <input type="checkbox"/> | 210 | Collection Drug Screen Hair | | | X-Ray |
| <input type="checkbox"/> | 117 | Drug Screen Urine 5-panel Non-DOT | <input type="checkbox"/> | 116 | X-ray, Chest 1-view |
| <input type="checkbox"/> | 118 | Drug Screen Urine 6-panel (w/alcohol) | <input type="checkbox"/> | 113 | X-ray, Chest 2-view |
| <input type="checkbox"/> | 223 | Drug Screen Urine 7-panel | <input type="checkbox"/> | 162 | X-ray, Chest 3-view |
| <input type="checkbox"/> | 119 | Drug Screen Urine 10-panel | <input type="checkbox"/> | 243 | X-Ray, Chest 3-view with B Reader |
| <input type="checkbox"/> | 120 | Drug Screen Urine 11-panel (w/alcohol) | | | |
| <input type="checkbox"/> | 121 | Drug Screen Urine DOT | | | Vaccinations |
| <input type="checkbox"/> | 281 | Drug Screen 5-panel+Benzodiazepenes | <input type="checkbox"/> | 198 | TB PPD |
| <input type="checkbox"/> | 214 | Drug Screen Hair Test | <input type="checkbox"/> | 142 | Tetanus Vaccination |
| <input type="checkbox"/> | 208 | Drug Screen Instant | <input type="checkbox"/> | 145 | Hepatitis B Vaccination |
| <input type="checkbox"/> | 165 | Drug Screen Urine D&L Isomer | <input type="checkbox"/> | 205 | Hepatitis A Vaccination |
| <input type="checkbox"/> | 169 | Drug Screen Retest | <input type="checkbox"/> | 173 | Flu Shot |
| <input type="checkbox"/> | 174 | Drug Screen Split Testing | <input type="checkbox"/> | 750 | H1N1 |
| <input type="checkbox"/> | 122 | MRO Services DOT | | | |
| <input type="checkbox"/> | 250 | MRO Services Non-DOT | | | Labs |
| <input type="checkbox"/> | 178 | Breath Alcohol Test DOT | <input type="checkbox"/> | 130 | Lab Chem Panel with CBC |
| <input type="checkbox"/> | 180 | Breath Alcohol Test Non-DOT | <input type="checkbox"/> | 133 | Lab Chem Panel with CBC & Micro UA |
| <input type="checkbox"/> | 184 | Saliva Alcohol Test | <input type="checkbox"/> | 136 | Lab Lipid Panel |
| <input type="checkbox"/> | 246 | Random Drug Testing (1-50 emp) | <input type="checkbox"/> | 137 | Lab Heavy Metal Panel, Blood #21015 |
| <input type="checkbox"/> | 247 | Random Drug Testing (51-100 emp) | <input type="checkbox"/> | 284 | Lab Hepatitis Panels |
| <input type="checkbox"/> | 248 | Random Drug Testing (51-200 emp) | <input type="checkbox"/> | 138 | Lab Lead, Blood |
| | | | <input type="checkbox"/> | 152 | Lab Copper, Blood |
| | | Specific Testing | <input type="checkbox"/> | 154 | Lab Chem Panel 27 |
| <input type="checkbox"/> | 400 | Glucose Screen | <input type="checkbox"/> | 161 | Lab OSHA Lead Screen (Lead, ZPP) |
| <input type="checkbox"/> | 104 | Urinalysis Dipstick | <input type="checkbox"/> | 167 | Lab Hep B Surface Antibody (titer) |
| <input type="checkbox"/> | 115 | Venipuncture | <input type="checkbox"/> | 191 | Lab Cadmium, Blood |
| <input type="checkbox"/> | 105 | Vision Test | <input type="checkbox"/> | 254 | Lab MMRV Immunity Profile |
| <input type="checkbox"/> | 148 | Tinels, Phalens, Finkelsteins Test | <input type="checkbox"/> | 285 | MMR Titer |