



Date: \_\_\_\_\_

Please complete this form and email to:  
Jamie@HulinHealth.com  
with subject line: NEW COMPANY SETUP

### New Company Set Up Questionnaire

#### Company Information

Company Name: \_\_\_\_\_ Main Contact: \_\_\_\_\_

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

*Street Address*

*Suite #*

*City*

*State*

*ZIP Code*

Is this the same as your billing address?

YES  NO

If not please provide your billing address?

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

*Street Address*

*Suite #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Fax number: \_\_\_\_\_

Is there anyone else at the company other than the main contact person that we can talk to for authorizations or if we have questions about your employees?

YES  NO  If yes, who? \_\_\_\_\_

Do you have an after-hours phone number that we can use to reach someone if it's after business hours or on the weekends?

YES  NO

If yes: \_\_\_\_\_

## Worker's Comp

Will you be sending any injuries to us? YES  NO

If yes will we be billing the company, or do you have a worker's comp insurance company you would want us to bill?

Company  Insurance

If we will bill your worker's comp insurance, please complete:

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Adjustor's name: \_\_\_\_\_ Adjustor's Phone: \_\_\_\_\_

## Results

How would you like the results from each visit sent to you? Fax  Email

If Fax:

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

If Email:

Email Address: \_\_\_\_\_ Email Recipient: \_\_\_\_\_ Email Password: \_\_\_\_\_

\*\*Email password will need to be 6 or less characters and will be used to open all emails sent from us\*\*

## Authorization

Does your company have their own Authorization form? Yes  No

Or would you like us to send you a copy of our Authorization form? Yes  No

How will you send in the Authorization form?  With Employee  Fax  Email  Other:

## Protocols

What kind of protocol would you like to set up with us? What will you be using us for?

What do you need for each protocol?

- Pre-Employment:
- Randoms:
- Injuries/post accidents:
- Other:
- Other:
- Other:

What type of drug screens do you require?

- DOT send off
- Non-DOT send off
- 10 Panel quick test
- 5 Panel quick test
- Other:
- Other:

Does your company have their own forms for drug screens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If not, will you be ok with using our forms which are through LabCorp?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Does your company have their own breath alcohol forms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does your company use DISA for any collections?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If so, will we be billing DISA for the collections?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Does your company use any other Third-Party Company that we will be billing for any part of your protocol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes what company? \_\_\_\_\_

What will we be bill  
to that company?

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