

## OCCUPATIONAL HEALTH - ACCOUNT SETUP FORM

### COMPANY INFORMATION

COMPANY NAME:

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE:

ZIP:

PHONE:

FAX:

### ACCOUNT SERVICES

RESPONSIBLE MANAGER FOR ALL SERVICE RELATED QUESTIONS?

OFFICE PHONE #:

CELL PHONE #:

EMAIL ADDRESS:

SELECT YOUR COMPANY'S PROTOCOLS:

PHYSICAL EXAMINATIONS	PULMONARY FUCTION TEST
DRUG SCREENS	OSHA QUESTIONNAIRE
BREATH ALCOHOL SCREENS	RESPIRATOR FIT TEST (QUALITATIVE AND/OR QUANTITATIVE)
LABORATORY TEST	EKG
X-RAYS	TRAVEL IMMUNIZATIONS
LIFT CAPACITY EVALUATION	WORKPLACE INJURY MANAGEMENT
OSHA HEARING AUDIOGRAM	OTHER

WHAT IS THE NUMBER OF PEOPLE THAT YOUR COMPANY EMPLOYS LOCALLY?

WHAT IS THE NUMBER OF PEOPLE THAT YOUR COMPANY EMPLOYS THROUGHOUT THE STATE?

SELECT WHICH SOUTHSTAR URGENT CARE LOCATIONS THAT YOU PLAN TO UTILIZE.

YOUNGSVILLE - 6011 AMBASSADOR CAFFERY PKWY., YOUNGSVILLE, LA 70592	NEW IBERIA ST. PETER - 1110 E. ST. PETER ST., NEW IBERIA, LA 70560
NEW IBERIA ADMIRAL DOYLE - 1050 E. ADMIRAL DOYLE DR., NEW IBERIA, LA 70560	ABBEVILLE - 3013 VETERANS MEMORIAL DR., ABBEVILLE, LA 70510
BAKER - 3420 GROOM RD., BAKER, LA 70714	BASTROP - 2100 EAST MADISON AVE., BASTROP, LA 71220
EUNICE - 1970 WEST LAUREL, EUNICE, LA 70535	FARMERVILLE - 965 STERLINGTON HWY., FARMERVILLE, LA 71241
GRAMERCY - 1665 LA HWY 3125, GRAMERCY, LA 70052	LAFAYETTE SOUTHSIDE - 6770 JOHNSTON ST., LAFAYETTE, LA 70503
LAFAYETTE MIDTOWN - 3127 JOHNSTON ST., LAFAYETTE, LA 70503	LAKE CHARLES - 3829 RYAN ST., LAKE CHARLES, LA 70605
MANY - 160 SAN ANTONIO AVE., MANY, LA 71449	MARKSVILLE - 863 TUNICA DRIVE EAST, MARKSVILLE, LA 71351
MINDEN - 1034 HOMER RD., MINDEN, LA 71055	MONROE - 4015 STERLINGTON RD., MONROE, LA 71203
OAKDALE - 1902 US HWY 165 SOUTH, OAKDALE, LA 71463	OPELOUSAS - 1723 CRESWELL LN. EXT., OPELOUSAS, LA 70570
PLAQUEMINE - 58330 BELLEVIEW DR., PLAQUEMINE, LA 70764	RUSTON - 117 NORTH SERVICE RD., RUSTON, LA 71270
SCOTT - 203 WESTGATE RD., SCOTT, LA 70506	SLIDELL - 3333 PONCHARTRAIN DR., SLIDELL, LA 70458
SPRINGHILL - 1918 S. ARKANSAS ST., SPRINGHILL, LA 71075	VIDALIA - 4319 CARTER ST., VIDALIA, LA 71371
VILLE PLATTE - 804 EAST LASALLE ST., VILLE PLATTE, LA 70586	WINNSBORO - 3645 FRONT ST., WINNSBORO, LA 71295
ZACHARY - 5654 MAIN ST., ZACHARY, LA 70791	

WHAT IS YOUR SERVICE INDUSTRY?

HOW DID YOU HEAR ABOUT US?

IF A SOUTHSTAR URGENT CARE TEAM MEMBER CONTACTED YOU INITIALLY, PLEASE ENTER THEIR NAME BELOW:

## BILLING INFORMATION

ACCOUNTS PAYABLE CONTACT PERSON:

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL INVOICES?

WOULD YOU LIKE TO PAY BY ACH?

INVOICE EMAIL ADDRESS:

TAX ID:

## WORKER S COMP. INFORMATION:

WORKER'S COMP. INSURANCE COMPANY:

INSURANCE ADDRESS LINE 1:

INSURANCE ADDRESS LINE 2:

CITY:

STATE:

ZIP:

INSURANCE PHONE:

INSURANCE FAX:

## THIRD PARTY ADMINISTRATOR (TPA)

TPA COMPANY NAME:

TPA BILLING ADDRESS LINE 1:

TPA BILLING ADDRESS LINE 2:

CITY:

STATE:

ZIP:

## HUMAN RESOURCES/RISK MANAGEMENT

HR MAIN CONTACT:

PHONE #:

EMAIL ADDRESS:

HR SECOND CONTACT:

PHONE #:

EMAIL ADDRESS:

HR ADDRESS LINE 1:

HR ADDRESS LINE 2:

CITY:

STATE:

ZIP:

WHICH SERVICES WILL BE BILLED TO THE THE TPA COMPANY:

## SAFETY AND INJURY MANAGEMENT

INJURY MANAGMENT CONTACT:

PHONE #:

EMAIL ADDRESS:

SAFETY MANAGER:

PHONE #:

EMAIL ADDRESS:

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)**

NAME:

PHONE #:

EMAIL ADDRESS: