

OCC Account Set-Up Form

Your employee was unable to receive services at one of our clinic locations because your company has not established an account with Texas MedClinic. All employers must establish an account with Texas MedClinic in order to use our facilities for Occupational Services. If your company has not established an account, you may pay in full at the time of service or the employee will be turned away. To establish an account with Texas MedClinic, follow the instructions below:

- Fill out the Occupational Account Set up form
- Fax this form to 512.291.5576
- Allow one business day for us to complete the set up of your account
- If you have any questions, contact the Marketing Department at 512.291.5577 x 3141

The staff and physicians at Texas MedClinic look forward to working with you.

OCC New Account Set-Up — Fax Back to Marketing at 512.291.5576

Company Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Company Contact: _____ **Phone Number:** _____

E-mail Address: _____ **Fax:** _____

Does your company offer Healthcare: Yes: _____ No

Billing/Consortium Information: The billing address same as above

Name of Consortium/Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____

MRO Fax Number: _____

Services

Drug Tests

Pre-Employment

- DOT
- 5 Panel Non-DOT
- 10 Panel Non-DOT
- 5 Panel Non-DOT w/Expanded Panel
- 10 Panel Non-DOT w/Expanded Panel
- 5 Panel Rapid
- 10 Panel Rapid
- Drug Test collection

Post Accident

- Required When requested
- DOT
- 5 Panel Non-DOT
- 10 Panel Non-DOT
- 5 Panel Non-DOT w/Expanded Panel
- 10 Panel Non-DOT w/Expanded Panel
- 5 Panel Rapid
- 10 Panel Rapid
- Drug Test Collection

Random/Reasonable Suspicion

- DOT
- 5 Panel Non-DOT
- 10 Panel Non-DOT
- 5 Panel Non-DOT Expanded Panel
- 10 Panel Non-DOT Expanded Panel
- 5 Panel Rapid
- 10 Panel Rapid
- Drug Test Collection

Breath Alcohol Tests

- Required Upon Request
- Post Accident
- Random

Physicals

- POP (Use job description)
- POP (with out job description)
- DOT Physical
 - Give the original card to the driver
 - Mail original to the company.
- Respirator Physical
- Asbestos Physical
- Health Screening Physical
- Hazardous Waste Physical

Immunizations

- Hepatitis A
- Hepatitis B
- TB
- Tetanus/Dip (TD)
- TDaP
- MMR
- Varicella
- Flu Shot
- Rabies

Ancillary

- Audiogram
- Vision
- PFT
- Resp. Fit Test
- EKG (w/Int)
- EKG (No Int)
- Chest X-Ray

<p>For Office Use Only</p> <p>Account Number OCC: _____</p>

OCC New Account Set-Up — Fax Back to Marketing at 512.291.5576

Please check one:

- Send results to all contacts listed below.
- Send results in the order below as contacts are available.

Please Check which results contacts are authorized to receive

1. Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Physical Results Other _____

2. Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Physical Results Other _____

3. Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Physical Results Other _____

4. Company Contact: _____ **Phone Number:** _____

E-Mail: _____ **Fax:** _____

- Drug Test Results Breath Alcohol Results Physical Results Other _____

***If you have multiple locations you'd like to attach to this account,
 please include a list of all your locations when completing submitting this form.***

How did you hear about Texas MedClinic?

- Employee recommendation
- Previously seen as urgent care patient
- Magazine
- Newspaper
- Online
- Community Event
- Facebook or Twitter
- Drive by
- Other: _____