

## **New Account Set-Up**

### **Work Related Injuries and Occupational Services**

Thank you for choosing Texas MedClinic to handle your Occupational Healthcare needs. In order to use our clinics for the treatment of work related injuries and occupational services, you must establish an account with Texas MedClinic. By establishing an account, our clinics will have access to your company's specific protocol and the invoices for services can be billed to your company. To establish an account with Texas MedClinic, follow the instructions below:

- Fill out the New Account set up forms for Work related injuries and Occupational Services.
- Occupational Services include physicals, drug testing, vaccines, etc
- Fax the New Account Set Up Form to 512.291.5576
- Allow one business day for us to complete the set up of your account
- If you have any questions please contact the Marketing Department at 512.291.5577 x3141

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

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

**Company Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Company Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**After Hours Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Billing: Worker's Comp Ins.**  Yes  Yes, but send the bills to my company  No

**Workers Comp. Insurance:** \_\_\_\_\_

**Are you in their network?**  Yes  No

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

If you have workers compensation insurance, but would like to have the bills sent to your company, you MUST provide Texas MedClinic with your workers compensation information.

**Services and Contacts**

**Post Accident Drug Testing**

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

*Please Check which results contacts are authorized to receive*

**Post Accident Breath Alcohol (BAT)**

Required  When requested

**Company Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Post Accident Drug Test Results  Post Accident BAT  Work Status Reports

**Company Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Post Accident Drug Test Results  Post Accident BAT  Work Status Reports

**How did you hear about Texas MedClinic?** \_\_\_\_\_

**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

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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: \_\_\_\_\_