

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 210.471.0217
- 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 210.349.5577

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

WRI New Account Set-Up — Fax Back to Marketing at 210.471.0217

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 210.471.0217

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: _____