Texas MedClinic®

Urgent Care... For Life's Little Emergencies™

OPEN 8am - 11pm, Every Day
Select locations open 24/7/365
San Antonio • Austin • New Braunfels
texasmedclinic.com

New Account Set-Up

Work Related Injuries and Occupational Services

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 (physicals, drug testing, vaccines, etc)
- Return the New Account Set Up Form by fax or email
  - **Fax: 210.471.0217**
  - **Email: marketing@texasmedclinic.com**
- Allow one business day for us to complete the set up of your account

If you have any questions please contact the Business Development/Marketing Department at 210.349.5577.

Thank you for choosing Texas MedClinic
to handle your Occupational Healthcare needs.

Texas MedClinic®

Urgent Care…For Life's Little Emergencies™

For Office Use Only

Account Number: _____

New Account Set-Up Form | BILLING

Fax: 210.471.0217 | email: marketing@texasmedclinic.com

Company Name: _____

Physical Address: _____

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

Phone: _____ **Fax:** _____

☐ **My Company has multiple locations**

Billing Information for Occupational Services:

☐ The billing address same as above

Name of TPA: _____

Billing Address: _____

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

Phone : _____ **Fax:** _____

Billing Information for Workers' Compensation:

☐ **Subscriber**

Name of Workers' Comp Insurance: _____

If your are in a Network, please indicate which one: _____

☐ **Non Subscriber** (Do not have workers comp insurance)

Billing Address if different than Physical address above:

_____

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

Phone : _____ **Fax :** _____

Texas MedClinic®
Urgent Care…For Life's Little Emergencies™

New Account Set-Up Form | SERVICES
Fax: **210.471.0217** | **email: marketing@texasmedclinic.com**

Work Related Injuries:

Please check all that apply
○ Modified Duty Available ○ Company is under OSHA 300 Log ○ Supervisor will bring employee to clinic

---

Drug Test Collection Only:

☐ Post Accident Collection Only
○ **Required** ○ **When requested**
☐ Pre-employment Collection Only
☐ Random Collection Only
☐ For Cause Collection Only

TMC will not be responsible for reporting results of drug tests to your company. TMC staff only collect the specimen. **Employees will need to bring in a CCF (Custody and Control Form) or your consortium will need to mail CCFs to the clinic location. If a CCF is not available, the employee will be turned away and the collection cannot be performed.**

Pre-Employment Drug Test
☐ Hair Drug Test
☐ DOT
☐ 5 Panel Non-DOT
☐ 10 Panel Non-DOT
☐ 5 Panel Non-DOT, Expanded
☐ 10 Panel Non-DOT, Expanded
☐ 5 Panel Rapid
☐ 10 Panel Rapid

Post Accident Drug Test
○ **Required** ○ **When requested**
☐ Hair Follicle
☐ DOT
☐ 5 Panel Non-DOT
☐ 10 Panel Non-DOT
☐ 5 Panel Non-DOT, Expanded
☐ 10 Panel Non-DOT, Expanded
☐ 5 Panel Rapid
☐ 10 Panel Rapid

Random/For Cause Drug Test
☐ Hair Follicle
☐ DOT
☐ 5 Panel Non-DOT
☐ 10 Panel Non-DOT
☐ 5 Panel Non-DOT, Expanded
☐ 10 Panel Non-DOT, Expanded
☐ 5 Panel Rapid
☐ 10 Panel Rapid

Breath Alcohol Tests
☐ Post Accident
○ **Required**
☐ Random
☐ For Cause

Physicals
☐ Post Offer Physical
☐ DOT Physical
☐ Respirator Physical
☐ Hazardous Waste Physical
☐ Asbestos Physical

All Physicals will be performed using Texas MedClinic's forms unless otherwise indicated

Immunizations
☐ Hepatitis A
☐ Hepatitis B
☐ TDaP
☐ MMR
☐ Varicella
☐ Flu Shot

Ancillary
☐ Tb test
○ **X-ray authorized for Tb Test if needed**
☐ Chest x-ray
☐ Hearing Test
☐ Vision
☐ PFT/Spirometry
☐ Respirator Fit Test

Other/Notes:

Texas MedClinic®
Urgent Care…For Life's Little Emergencies™

New Account Set-Up Form | CONTACTS

Fax: **210.471.0217** | email: **marketing@texasmedclinic.com**

Treatment Authorization Form:

☐ **Yes, our company requires employees to bring this form**
☐ **No, our company does not require this form.**

A form used by employers to indicate which services are needed. This form can be Texas MedClinic's Treatment authorization form or this can be your own company's authorization form. **This form will override all services on your protocol and only the services selected on this form will be performed by the clinic.**

Main Contact

Name: _____

Phone: _____

Fax: _____

Email: _____

Occupational Results

- ☐ Drug Tests
- ☐ Breath Alcohol Tests
- ☐ Physicals
- ☐ Immunization/Titers
- ☐ X-rays
- ☐ TB Tests
- ☐ Copy of CCF
- ☐ Respirator Fit Test
- ☐ Hearing Test
- ☐ PFT/Spirometry
- ☐ Vision Form

Work Related Injuries

- ☐ Receives Work Status Reports
- ☐ Will Authorize Services for Work Related Injury treatment
- ☐ After hours contact for injuries

Cell Phone:_____

- ☐ Will Authorize Services if no Treatment Authorization Form is provided
- ☐ Other: _____

Additional Contact

Name: _____

Phone: _____

Fax: _____

Email: _____

Occupational Results

- ☐ Drug Tests
- ☐ Breath Alcohol Tests
- ☐ Physicals
- ☐ Immunization/Titers
- ☐ X-rays
- ☐ TB Tests
- ☐ Copy of CCF
- ☐ Respirator Fit Test
- ☐ Hearing Test
- ☐ PFT/Spirometry
- ☐ Vision Form

Work Related Injuries

- ☐ Receives Work Status Reports
- ☐ Will Authorize Services for Work Related Injury treatment
- ☐ After hours contact for injuries

Cell Phone:_____

- ☐ Will Authorize Services if no Treatment Authorization Form is provided
- ☐ Other: _____

Additional Contact

Name: _____

Phone: _____

Fax: _____

Email: _____

Occupational Results

- ☐ Drug Tests
- ☐ Breath Alcohol Tests
- ☐ Physicals
- ☐ Immunization/Titers
- ☐ X-rays
- ☐ TB Tests
- ☐ Copy of CCF
- ☐ Respirator Fit Test
- ☐ Hearing Test
- ☐ PFT/Spirometry
- ☐ Vision Form

Work Related Injuries

- ☐ Receives Work Status Reports
- ☐ Will Authorize Services for Work Related Injury treatment
- ☐ After hours contact for injuries

- ☐ Will Authorize Services if no Treatment Authorization Form is provided
- ☐ Other: _____