

## Company Information

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

Company Physical Address: \_\_\_\_\_

## Billing Information

Accounts Payable Contact Person: \_\_\_\_\_

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

Email Invoices?  Yes  No

Would you like to pay by direct deposit? Yes  No

Invoice Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Worker's Comp. Information

Worker's Comp. Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

## Third Party Administrator (TPA)

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

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

## Human Resources Department

HR Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Results? Yes  No  Email or Physical Address: \_\_\_\_\_

## Safety and Injury Management

Injury Management Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Safety Manager(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Safety Manager(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Post-Incident Drug Screen:  DOT  Non-DOT  Quick  Other: \_\_\_\_\_ Panel of Test: \_\_\_\_\_

Breath Alcohol:  DOT  Non-DOT

**We will keep you up to date with Prime Occupational Medicine's monthly news and OSHA updates. Please list your appropriate staff and email addresses below. Thank You!**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Continued...

## ACCOUNT PROFILE

First and Last Name of responsible manager for services related questions? \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Which services does your company have protocols? Check all that apply:**

- Drug Screen  Physical Exam  Fit-for-Duty Exam  Injury Treatment  Case Management  Hearing Conservation  
 Respirator Fit  Wellness Program  On-Site Services

Other: \_\_\_\_\_

**Please indicate Prime's services that your company intends to use. Check all that apply:**

- Drug Screen  Physical Exam  Fit-for-Duty Exam  Injury Treatment  Case Management  Hearing Conservation  
 Respirator Fit  Wellness/ Health Risk/Vaccinations  On-Site Services  In-House Medical Staffing  Telemedicine/EME

Other: \_\_\_\_\_

**What is the approximate number of people that your company employs locally in Louisiana? Choose one.**

- 1-10  11-50  51-100  101-250  251-500  501-1000  1001-1500  1501-2500  2501-5000  5000+

**What is the approximate number of people that your company employs nationwide? Choose One:**

- 1-10  11-50  51-100  101-250  251-500  501-1000  1001-1500  1501-2500  2501-5000  5000+

**Please indicate Prime's clinic locations that you plan to utilize. Check all that apply:**

- All Locations  Baton Rouge/Prairieville  Port Allen/Brusly  Chalmette/New Orleans  Reserve/Laplace  
 Sulphur/Lake Charles  Lafayette  On-Site

**What is the nature of your business? Check all that apply:**

- Contractor  Plant/Refinery  Service  Transportation  Commercial/Retail  Government

Other: \_\_\_\_\_

**How did you hear about us? Choose One:**

- Website  DISA Referral  Contractor Referral  Marketing Representative  Networking Event

Other: \_\_\_\_\_

**If a Marketing/Sales Representative contacted you initially, please type the person's name below.**

\_\_\_\_\_

**Please scan and email this completed form to [accounts@primeocmed.com](mailto:accounts@primeocmed.com)**

\*\* If you do not receive a confirmation within 24 hours, please call Prime's Account Manager to confirm. 225-408-5902 ext.230