Windsor WorkCare
OCCUPATIONAL MEDICINE

Date: _____

ACCOUNT REGISTRATION FORM

COMPANY: _____

ADDRESS:

_____

_

PHONE #: _____FAX #:_____

FEDERAL TAX ID#: _____ *MAIN CONTACT:* _____

OF EMPLOYEES: _____ HOW MANY SHIFTS: _____ WORK COMP. POLICY # _____

WORK COMP INSURANCE CARRIER: _____

ADDRESS:

_____

PHONE #: _____ FAX #: _____

PLEASE ATTACH COPY OF COVER PAGE OF WORKERS COMPENSATION INSURANCE

INVOICE(S) TO BE MAILED TO: [ ] COMPANY [ ] INSURANCE CARRIER

COMPANY REPRESENTATIVE(S) TO AUTHORIZE TREATMENT:

_____

_____

_____

_____

LIST ALL PERSONNEL WHO WILL BE AUTHORIZED TO RECEIVE DRUG SCREEN RESULTS:

_____

_____

_____

_____

LIST ALL PERSONNEL WHO WILL BE AUTHORIZED TO RECEIVE INFORMATION ON WORK RELATED INJURIES AND TREATMENT:

_____

_____

_____

_____

HOW TO REPORT RESULTS TO YOU: PHONE # _____

VOICE MAIL OKAY YES NO

FAX # _____

EMAIL TO: _____

MAIL: _____

TEST PROCEDURES REQUIRED ON PRE-PLACEMENT EXAMS:

Drug Testing/Type Preferred:

Rapid Drug Testing: 5 Panel 7 Panel 8 Panel

Non-Regulated SBMF send out: 5 Panel 7 Panel 8 Panel 9 Panel
Collection Only

Federally Regulated: NIDA/DOT SBMF Collection Only
Collection Lab Name: _____
Phone #: _____
Acct#: _____

Alcohol Testing: Saliva Breath Breath if Saliva Positive?

DOT Physical Industrial Physical Form to be used: Windsor WorkCare's form Your Company form

Lift Test # of lbs_____

Other test not listed or special instructions:

_____

REQUIREMENTS AND INFORMATION ON A WORK-RELATED INJURY:

Drug Testing:

Rapid Drug Test: 5 Panel Rapid 7 8 Panel

Non-regulated SBMF send out: 5 Panel 7 Panel 8 Panel 9 Panel
Collection Only
Collection Lab Name: _____
Phone #:

_____

Acct#:

_____

Alcohol Testing: Saliva Breath Breath if Saliva Positive?

Do you have light duty? YES NO

Can your employees work while wearing braces/splints? YES NO

COMMENTS OR ADDITIONAL INFORMATION: _____

_____

_____

SIGNATURE:

_____*Date*_____

RETURN COMPLETED FORM TO:

Windsor WorkCare
3100 Windsor Court
Elkhart, IN 46514
Phone: 574-266-6555

or Fax to 574-266-6888