

Louisiana Accident Injury Care & Occupational Medicine  
West Monroe: 318.303.6142 | Tallulah: 318.935.0899

Occupational Health Services  
Company Sign-Up Form

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Local Address: \_\_\_\_\_

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

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

How would you like each of these handled?

Medical Examiners Certificate:  Fax  Mail  Given to employee  Other \_\_\_\_\_

DOT Physical Long Form:  Fax  Mail  Give to employee  Other \_\_\_\_\_

Chain of Custody Form (Employer's Copy)  Fax  Mail  Give to employee  Other \_\_\_\_\_

Alcohol Concentration Results:  Fax  Mail  Given to employee  Other \_\_\_\_\_

Bills/Office Correspondence:  Fax  Mail  Given to employee  Other \_\_\_\_\_

ATTN: \_\_\_\_\_

Verbal results of alcohol tests and any immediate drug screens may be given to the following contact(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Fax #: \_\_\_\_\_ Is this a secure fax #?  Yes  No

Are you interested in our Company Consortium Program?  Yes  No

How will you be paying for our services:  Check  Credit card  ACH  Invoice

\_\_\_\_\_  
Printed Name of Authorized Company Representative

\_\_\_\_\_  
Authorized Company Representative Signature

\_\_\_\_\_  
Date

**NOTE: You may cancel our services at any time with a written notice. Terms of payment are no later than thirty (30) days from the date of invoice unless other agreed to in writing by Louisiana Accident & Injury Care (LAIC). Payments later than due date invoke a \$25 or 10% penalty per month whichever is greater. Pricing in effect at the time this Agreement is executed are shown on the attached pricing schedule. LAIC reserves the right to adjust prices for individual services without notice.**