



# Company Profile

Please complete and return via fax to Jami Malone @ 615-443-1374  
 Or email to jmalone@mtoem.net

## DEMOGRAPHICS

Company Name:		Number of Employees:	
Main Address:		City/State/Zip:	
Phone number:		Fax number:	
Description of Business:			
<b>Contact (s):</b>	<b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>
Primary:			
Alternate (s):			
After hours contact:			

### Drug Screening Information:

Company has own account with lab      Lab Name: \_\_\_\_\_      Account #: \_\_\_\_\_

Perform drug screen at lab of our choice       Medical Review Officer Service       TN Drug Free Workplace Program

Drug screen results should be sent via:       Email       Called      \*\* No drug test results will be given to anyone not listed above

### BILLING INFORMATION

Worker's Comp Carrier: \_\_\_\_\_

<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Contact:</b>	<b>Email:</b>

Bills for Worker's Compensation sent to:  Carrier       Company \*\* If your company prefers to have the WC bills sent to your company you are responsible for forwarding them to your carrier for payment

\*\* Please notify us of any changes to your worker's comp carrier to update our records.

### SCREENING INVOICES ARE TO BE SENT TO:

<b>Which Services:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Contact:</b>

\*\* IF YOUR COMPANY UTILIZES A THIRD PARTY ADMINISTRATOR PLEASE SPECIFY WHICH SERVICES ARE TO BE BILLED TO YOUR COMPANY AND WHAT IS TO BE BILLED TO YOUR THIRD PARTY ADMINISTRATOR.

936 Murfreesboro Road, Lebanon, TN 37090 Tel: 615.443.1744 Fax: 615.443.1374  
 1227 Heil Quaker Blvd., LaVergne, TN 37086 Tel: 615.641.3080 Fax: 615.213.2885



**OCCUPATIONAL & ENVIRONMENTAL**  
M E D I C I N E I N C .

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## FREQUENTLY USED PROCEDURES/SERVICES:

Please complete the graph and specify services used

PHYSICALS	Pre-place	Random	Post Accident	Annual/Recert	Worker's Comp	Other
NON DOT		N/A	N/A		N/A	
DOT		N/A	N/A		N/A	
Return To Duty	N/A	N/A	N/A	N/A	N/A	
Respirator	N/A	N/A	N/A	N/A	N/A	
<b>BREATH ALCOHOL TEST</b>						
<b>DRUG SCREENS</b>						
5 Panel DOT						
5 panel						
10 panel						
Quick Test 5 panel						
Quick Test 7 Panel						
Quick Test 10 Panel						
Hair Testing						
<b>WELLNESS</b>						
Audiogram		N/A	N/A	N/A	N/A	
Bloodwork Specify: _____		N/A	N/A	N/A	N/A	
Immunizations Specify: _____		N/A	N/A	N/A	N/A	
Vision		N/A	N/A	N/A	N/A	
Lift Test		N/A	N/A	N/A	N/A	
<b>OTHER SERVICES NOT LISTED</b>						