

## COMPANY INFORMATION SHEET



Company Name:		Today's Date:	
Physical Address:		City:	State:
			Zip Code:
Billing Address (if different):			
Business Phone:		Secure Fax:	
Primary Contact:		Email:	
2nd Contact:		Email:	
Additional:		Email:	

	<u>Physicals</u>	<u>TB Screening</u>	<u>Other</u>
	DOT	TB Skin Test (Per Step)	EKG
	Non-DOT	TB QuantiFERON	Breath Alcohol Test
		1 View CXR	PFT (Pulmonary Function Test)
	<u>Urine Drug Screenings</u>		Audiogram
	5 Panel Lab Based (DOT)	<u>Vaccines</u>	Vision Test (Snellen)
	10 Panel Lab Based (NON-DOT)	Hepatitis B	
	5 Panel Instant (eCup NON-DOT)	TDAP	
	10 Panel Instant (xCup NON-DOT)	Influenza	
	Collection Only (Company Account)		
	Observed Collection (Additional)	<u>Titers</u>	
		Hepatitis B	
	<u>Hair Drug Screenings</u>	MMR	
	Collection Only (Company Account)	Varicella	
	5 Panel Test		

### Worker's Compensation/Post-Accident Screenings

Complete post-accident UDS?	YES	NO	To be Determined	Bill to:	Company	WC
Complete post-accident BAT?	YES	NO	To be Determined	Bill to :	Company	WC
Bill Treatment to:	Company		Work Comp Carrier (complete below)			
Work Comp Carrier Name			Phone Number			
Address			City	State	Zip Code	
Fax Number			Email Address			

Special Information:	<hr/> <hr/> <hr/>
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I understand that if my account becomes delinquent it will be placed with Prim and Mendheim LLC. Further, I agree to the following terms regarding any outstanding balance that I owe: (1) I will incur interest at the rate of 1 & ½ percent per month (18% PER ANNUM); (2) I agree and hereby consent that I will be responsible for reasonable collection costs and attorney's fees in and costs of court incurred by this office in the collection of same, whether such outstanding balance is satisfied prior to, after initiation of a lawsuit, or after a judgment has been issued in a lawsuit; and (3) I agree and hereby consent that any lawsuit and/or legal proceeding surrounding the outstanding balance and debt, and fees and costs thereon, shall be initiated and litigated in the court of appropriate jurisdiction of Houston County, Alabama, and I hereby waive any and all defenses and/or objections to said jurisdiction and waive all rights to claim exemption. By signing below, I consent to the terms contained herein and affirmatively acknowledge that I have read the same before signing. Furthermore, I agree that if a cell phone number has been provided, I can be contacted regarding my balance on said cell phone. Additionally, if I reside in Florida, I agree to waive my rights to any exemption that would prohibit a wage garnishment should same become necessary to secure payment of any outstanding balance. I also agree that at any time if my balance has not been paid according to policy, I understand my credit history will be investigation and thoroughly reviewed.

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Name/Position

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Signature

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Date Company