CRESTWOOD
WORKERS CARE

7736 Madison Blvd • Huntsville, AL 35806
256-830-8930 • *fax* 256-830-8932

Company Setup Form

Company Name: _____

Physical Address

_____

_____

Billing Address ☐ Same as Physical Address

_____

_____

Authorized Contacts
These individuals may receive results or make changes to the account

Name	Title	Contact Information Office	cell	fax/email

Services Needed: *We may call for additional information after receiving form.*

☐ **Physicals**

Type: ☐DOT ☐Non-DOT ☐Pre-employment ☐Respirator ☐HAZMAT ☐ Travel

Additional components: ☐Audio ☐PFT ☐Fit Test ☐TB Test ☐Vaccines

☐Other: _____

Preferred physical reporting method? ☐Fax ☐Mail ☐email Contact Name: _____

☐ **Drug Screens /** ☐ **Breath Alcohol Test (BAT)** **DER:** _____

Categories of testing: ☐Pre-Employment ☐Post-Accident ☐Random ☐For Cause

Preferred drug screen reporting method? ☐Fax ☐Mail ☐Email Contact Name: _____

OR Are you providing drug screen chain of custody forms to us? ☐Yes ☐No

Lab: _____ MRO: _____

☐ **Workers Comp Injuries**

Comp Carrier Name: _____ Policy Number: _____

Carrier Address: _____

Preferred method of reporting disposition of injured workers? ☐Fax ☐Mail ☐email

Workers' Comp Contact Name: _____

Workers' Comp Billing: ☐Send HCFA to Comp Carrier ☐Invoice Company

Post-Accident Drug Screen? ☐Yes ☐No **Post-Accident BAT?** ☐Yes ☐No

☐DS/BAT Billed on HCFA ☐DS/BAT Billed to Company separately

Fax or email completed form to Debbie Hunter: 256-830-8932 or debbie.hunter@crestwoodmedcenter.com
Alternatively, you may call 256-830-8930 to set up your account in less than 10 minutes