direct REHABMED
Better Care for Better Living

Business Health
Company Profile

Information entered by:	
Date last updated	

Company Name	
Company billing address	
Billing Telephone	
Billing Fax	
Company Contact / Title	
Local Address (if different)	
Local Telephone	
Local Fax	
Local Contact / Title	
Consortium?	
Consortium billing address	

Insurance Information for Work Injuries

○ Self Insured	◉ Texas Workers' Comp		○ Other	
Will we handle your work Injuries?	◉ Yes	○ No		
Name of Insurance Company				
Address				
Phone				
Contact				
Do you have/accept modified duty?	○ Yes	○ No		
Drug Screens required all Injuries?	○ Yes	○ No		

Record Distribution

Name of person to receive results:				
To be notified by:	◉ Fax	○ Phone	○ Email	
Chain of Custody	○ Will bring with them		○ We have in our files	○ Other
Notes re: Chain of custody				

Services Requested

Physicals	☐ DOT	☐ Non-DOT	☐ None	
Drug Screens	☐ DOT	☐ Non-DOT	☐ None	
IF non-DOT	☐ 5-panel	☐ 9-panel	☐ 10-panel	
Lab Name	○ Kroll	○ Lab 1	◉ Other	
Specimin Handling ONLY	○ Yes	◉ No		
Audiometry	○ Yes	◉ No		
Spirometry	○ Yes	◉ No		
Alcohol Testing	◉ BAT	○ Urine	○ Hair	○ By request, if needed
Post Offer Of Employment (POET)	○ Yes	◉ No		
Have Job Descriptions?	○ Yes	◉ No		
NOTE: The POET is a POST OFFER assessment to determine if candidate can perform essential job functions and CAN be used to rescind a job offer.				
Other	○ Yes	◉ No		
Hepatitis B - Titer	○ Yes	◉ No		
Hepatitis B - Series of 3	○ Yes	◉ No		
TB / Tetanus	○ Yes	◉ No		
Steroid Testing	○ Yes	◉ No		
Chest X-Ray	○ Yes	◉ No		
Flu Shots	○ Yes	◉ No		
B-12 injection	○ Yes	◉ No		
Respirator Fit Testing	○ Yes	◉ No		
Eye Exams	○ Yes	◉ No		
HIV Testing	○ Yes	◉ No		
After Hours Services (Additional Charge)	○ Yes	◉ No		

Other Services Requested

	○ Yes	◉ No	
	○ Yes	○ No	
	○ Yes	○ No	
	○ Yes	○ No	
	○ Yes	○ No	
	○ Yes	○ No	
	○ Yes	○ No	
	○ Yes	○ No	