agile OCCUPATIONAL MEDICINE

Employer Account Set-Up

Agile Rep: _____

Date: _____

Company Information

Name: _____ Location# _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Business Type: _____

Hours/Days of Operation: _____ Number of Employees: _____

Billing Contact

Name: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Treatment Authorization/Work Status Reporting Contact (s)

1. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

2. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

3. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

If additinal contacts are needed, please add on page 3

Work Status reported by: ☐ Email ☐ Fax

Modified Duty Available: ☐ Always ☐ Never ☐ Varies

Post-accident screening: ☐ Always ☐ Never ☐ Varies

If YES: ☐ Rapid Urine Drug Screen ☐ 5 Panel ☐ 10 Panel ☐ DOT ☐ Breath/Alcohol

Workers' Compensation Payor

Name (Carrier or Claims TPA) : _____ Policy#: _____ Effective Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Billing Preferences: ☐ ALWAYS bill Employer unless noted-Physicals, DS, BAT ☐ ALWAYS bill W/C Payor ☐ Bill Directly (First Aid Only)

* Special handling instructions for WC ☐ Yes ☐ No

* Special handling instructions for Employer Services ☐ Yes ☐ No

* Send to clientrelations@agileoccmed.com

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EMPLOYER SERVICES REQUESTED

Drug Services (non DOT)

- ☐ Rapid Urine Drug Screen ☐ 5 Panel ☐ 10 Panel
- ☐ Urine Drug Screen (Collection)
- ☐ Breath Alcohol Test
- ☐ Hair Drug Screen
- ☐ Saliva Drug screen
- ☐ Other: _____

DOT Testing

- ☐ Urine Drug Screen
- ☐ Breath Alcohol Test
- ☐ Other: _____

If these services are for "collection only" please provide your MRO/lab and control custody information below.

☐ Post-Accident/Injury ☐ Pre-Placement ☐ Random ☐ Reasonable Suspicion

Physicals

- ☐ Post-offer/Pre-employment
- ☐ DMV/DOT Physical
- ☐ Respiratory Physical
- ☐ Fit for Duty
- ☐ Physical Ability Testing
- ☐ Special: _____

Medical Surveillance

- ☐ Cholinesterase
- ☐ Audiogram
- ☐ Respiratory Mask Fitting
- ☐ Respiratory Questionnaire
- ☐ Spirometry

Immunizations/Screenings

- ☐ PPD (TB)
- ☐ Tetanus
- ☐ Hep B
- ☐ Tdap
- ☐ Flu

Other Services

- ☐ X-Ray/TB Clearance
- ☐ Other: _____

Employer Services Reporting Contact (s)

1. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

2. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

3. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

Employer Status reported by: ☐ Email ☐ Secure Fax

Special Handling Instructions:

_____

_____

_____

PAYMENT TERMS (Applies to bill company direct injuries and screening services) CONDICIONES DE PAGO

I agree to make full payment within 30 days of the invoice, and understand that services may not be rendered to my employees unless this agreement is signed and returned:

Authorized By: _____ Signature: _____ Date: _____

Employer Account Set-Up

Additional Treatment Authorization/Work Status Reporting Contact (s)

1. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

2. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

3. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

4. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

5. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

Additional Employer Services Reporting Contact (s)

1. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

2. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

3. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

4. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

5. Name: _____ Title: _____

   Phone: _____ Fax: _____ Email: _____

Receiving Email from Agile

To properly receive all emails from Agile, including work status reports from our PrognoCIS EMR system, please have your internal IT department accept incoming emails from the IP range: 35.162.229.44/32 to 35.167.240.97/32