



3818 SW 21<sup>st</sup> Place, #100, Redmond, Oregon 97756

(P) 541-548-2899 (F) 541-504-3781

**OCCUPATIONAL MEDICINE QUESTIONNAIRE**

Welcome to Your Care's Occupational Medicine program. To allow us to better serve you, please complete the following questions:

Company Name: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Contact Phone Number: \_\_\_\_\_

Designated Employee Representative (DER): \_\_\_\_\_

Designated Employee Representative Phone Number: \_\_\_\_\_

Designated Employee Representative Secure Fax: \_\_\_\_\_

How would you like to receive information? \_\_\_\_\_

Workman's Compensation Carrier: \_\_\_\_\_

**Services Requested:** (Please check all services you wish Your Care to provide.)

Direct Bill for Department of Transportation (DOT) Physicals. (\$99.00)

Basic Employment Physical: (\$200.00)

Customized Employment Physical: Price pending physical details.

Drug Screen Collection Only (\$45.00)

BAT testing Breath Alcohol testing (\$45.00)

Drug Screen Full Service:

5 Panel Screen (\$42.00)

7 Panel Screen (\$45.00)

10 Panel Screen (\$52.00)

DOT (\$60 – MRO Fees included)

Rapid Chain of Custody 7 Panel Screens (45.00)

(If non-Negative this test must be sent out for further confirmation there will be additional charges for the Confirmation screen from Biomed.)

On Site Flu Clinics (No charge to company – we bill insurance and offer discounted cash rates)

TB Testing (\$55.00)

Audiology Testing (\$64.00)

Spirometry Testing (\$45.00)

12 Lead EKG (\$44.00)

UA (\$15.00)

Vision Testing Including: Distant, Depth, Peripheral & Color (\$30.00)

Lab Work available at discounted rates.

OSHA Respirator Questionnaire (\$100.00 independently/\$50.00 with physical)

Hep B Vaccination Management (\$85.00 per injection/\$80 per titer)

Hep A Vaccination Management (\$85.00 per injection/\$80 per titer)

Rabies Antibody Titer Management (\$120 per titer)

Rabies Vaccination (\$405.00 per injection – series requires 3 injections)

Work Comp Care Management (No charge to company)

On-Site Continuing Education

All direct bill payments are due within 14 days of receipt of invoice. Please sign below confirming the above request:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please do not hesitate to contact Debora Wattenburg with any questions you may have. We appreciate the opportunity to work with you.

*Debora Wattenburg* Your Care, Owner/Operations Director