



CORPORATE HEALTH CENTER

46440 Benedict Drive, Suite 108 • Sterling, Virginia 20164 • (703) 444-5656 • Fax: (703) 444-5789 • Billing Fax: 703-444-5042

NEW ACCOUNT INFORMATION INQUIRY

Co. Name: _____ Address: _____

Phone #: _____

Fax: _____

Contact Person: _____

Would you like someone from our clinic contact you? _____

Please indicate your service requirements: _____

PLEASE CHECK OFF SERVICES YOUR COMPANY IS REQUESTING:

Physical Exams

- DOT
- Deployment
- Hazard Materials (HazMat)
- Respiratory
- FAA
- Fitness for Duty/Return to Work

Drugs Screens

- UDS with or without Medical Review Officer (MRO)
- Instant Drug Screen
- Breath Alcohol Test (BAT certified)
- Worker's Compensation** (**Worker's comp pricing is based on services performed and conforms to national and regional averages.*)

Respiratory

- OSHA Questionnaire/Form Review
- Qualitative Fit Test
- Spirometry / Pulmonary Function Test (PFT)

Lab Tests

- Complete Blood Count (CBC)
- Lead Levels & ZPP
- Cholesterol Profile (lipids)
- Chem. 24 (Comprehensive Metabolic Count)

- Methemoglobin
- Heavy Metals
- Urine Analysis U/A
- PPD

Ancillary Tests

- Chest X-Ray (CXR)
- CXR (B read)
- OSHA Audiogram
- Electric Cardio Gram (EKG)
- Stress Tests

Programs

- Hearing Conservation
- Medical Surveillance
- HazMat Surveillance
- Wellness
- Safety work site evaluation

Other

- IME/Disability Rating
- Physical Therapy
- Travel Medicine/Immunizations (**Travel Medicine costs are assessed depending on the services and immunizations provided. Please call for current prices.*)

Other Services Not Listed Above: _____

Comments: _____

All patients must bring in an authorization form listing the exact services being requested. All visits have to be pre-authorized via telephone (this can be done when scheduling appointment) or fax (for walk-in patients). Please note that by signing this form, you acknowledge that payment of price at time of service will be submitted to CHC for all services provided.

Completed By: _____

Printed Name

Title

Signature

Date

Would you like someone from our company to contact to discuss additional and/or other services? Yes No



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