

EMPLOYER INFORMATION

Company Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Primary Contact _____ Email _____
Phone (Work) _____ (Cell) _____ Fax _____
Secondary Contact _____ Email _____ Cell _____
Billing Address _____ City _____ State _____ Zip _____
TPA Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Email _____

COMPANY DEMOGRAPHICS

Number of employees _____ Number of accidents per year _____ Turn-over rate _____
Primary WC Carrier _____ Self Insured? Yes No
WC Carrier Address _____
Does this employer accept emailed invoices? Yes No
Does employer offer modified duty? Yes No Case by Case
Does this employer utilize Pre-Employment Physicals? Yes No. DOT Non-DOT BOTH
Does employer have specific forms for Non DOT physicals? Yes No Attached Yes No
Does employer request Return to Work Physicals? Yes No
Does this employer plan to utilize TrustCare Health for employee drug screens? Yes No
If no, will employer be utilizing TrustCare as a collection site for employee drug screens? Yes No
What lab will be testing collections? _____
Will employer be sending Chain of Custody forms with employee at time of visit? Yes No
Would employer like for TrustCare to keep Chain of Custody forms at each testing site? Yes No
Primary Testing Site: Township Crossgates Lake Harbour Old Fannin NE Jackson Hattiesburg Clinton



(Please note that TrustCare will house COC’s approved by employer at a primary site determined by employer. In the event, that drug testing services are needed and clinic does not have chain of custody forms, drug testing will be provided on eScreen house account and billed to employer.)

Does employer require office notes and Return to Work (RTW) after each appointment? Yes No

*Office notes will be sent by email to Designated Employer Representative or DER unless otherwise requested by employer.

DER Contact Name _____ Position _____

Phone _____ Fax _____ Email _____

PRE-EMPLOYMENT DRUG TESTING AND PHYSICAL REQUIREMENTS

*eScreen (Preferred in House Testing) Quest Lab Corp Other _____

What panel should be utilized? 5 Panel 10 Panel Special Requests _____

Please Check: Rapid Lab Hair Follicle DOT Non-DOT BOTH

BREATH ALCOHOL TESTING (BAT): Yes No

Pre-Employment Physical: Yes No DOT Non-DOT BOTH

Pre-employment physical pricing based on standard pre-employment physical. Prices may vary based on services requested.

(Please attach any special requirement instructions regarding pre-employment testing to this form)

POST ACCIDENT DRUG TESTING

*eScreen (Preferred in House Testing) Quest Lab Corp Other _____

What panel should be utilized? 5 Panel 10 Panel Special Requests _____

Please Check: Rapid Lab Hair Follicle DOT Non-DOT BOTH

BREATH ALCOLHOL TESTING (BAT) Yes No

Post-Accident Drug/BAT screen case/position specific- If case/position specific, please provide instructions below.

****Please note that all “case by case” exceptions require documentation and authorization at time of service. Under state law, TrustCare Health can NOT perform drug testing or BAT Testing on a “case by case” basis unless prior approval has been received by authorizing supervisor on file.***

Please send completed form to: employers@trustcarehealth.com or FAX 601-499-0953