

**SPARROW OCCUPATIONAL HEALTH SERVICES
NEW CLIENT INFORMATION FORM**

Please complete and fax to (517) 364-3514 or email to melissa.hulbert_chapman@sparrow.org

ACCOUNT INFORMATION

COMPANY NAME:	
CONTACT PERSON:	
ALTERNATE CONTACT PERSON:	
MAILING ADDRESS:	
PHONE:	FAX:
EMAIL:	PREFERRED METHOD OF CONTACT:

BILLING INFORMATION

COMPANY BILLING ADDRESS:

WORKERS COMPENSATION INSURANCE INFORMATION

WC INSURANCE CARRIER:

WC INSURANCE BILLING ADDRESS:

CONTACT PERSON & PHONE:

DRUG SCREENING INFORMATION

DOES A THIRD PARTY ADMINSTRATE YOUR COMPANY'S DRUG SCREENING?	IF YES, NAME OF ADMINISTRATING COMPANY:
WHO IS BILLED FOR DRUG SCREENING COLLECTIONS? (CIRCLE ONE)	
<i><u>BILL TO MY COMPANY'S BILLING ADDRESS</u> OR <u>BILL THE ADMINISTRATING COMPANY</u></i>	

SPECIAL INSTUCTIONS FOR REPORTING DRUG SCREEN RESULTS:

**WHAT TYPE OF SERVICE IS YOUR COMPANY INTERESTED IN?
(CHECK AS MANY AS APPLY)**

INJURY CARE	DOT PHYSICALS	TB TESTING
DRUG /ALCOHOL TESTING (DOT, Non-DOT & Instant Tests)	SURVEILLANCE EXAM (Initial or Annual)	OTHER:
PRE-PLACEMENT PHYSICALS	FITNESS FOR DUTY EXAMS	
ANNUAL PHYSICALS	HEARING CONSERVATION	
MATERIALS HANDLING TEST	RESPIRATOR FIT TESTING	

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ANY OTHER SPECIAL INSTRUCTIONS OR CONTACTS: