WILMINGTON HEALTH
Occupational Medicine

OCCUPATIONAL MEDICINE SERVICE AGREEMENT

1000 Brabham Avenue, Jacksonville
910-815-4228
occhealthjax@wilmingtonhealth.com

1202 Medical Center Drive,
Wilmington 910-341-1542
occmed@wilmingtonhealth.com

Company Name _____ Date _____

Billing Address _____

Contact #1 _____ Phone _____

Email _____

Contact #2 _____ Phone _____

Email _____

After-Hours Contact _____ Phone _____

Email _____

Send Results to Portal Email _____

Fax Results to (alternate to Portal) _____

Send Invoice via Email/Fax/Mail (Please choose one.) _____

Email _____ Fax _____

Workers' Comp Carrier for Claim _____

Workers' Comp Billing Address _____

_____

Workers' Comp Contact _____ Phone _____ Fax _____

Workers' Comp Email _____

SERVICES REQUESTED / FEE SCHEDULE

PHYSICALS

- ❑ Work Physical _____
- ❑ DOT Physical _____
- ❑ Fit-for-Duty Physical _____
- ❑ Other _____

DRUG SCREENS/ALCOHOL SCREENS

- ❑ DOT Drug Screen _____
- ❑ Expanded Drug Screen _____
- ❑ Rapid Drug Screen _____
- ❑ Urine Collection Only _____
- ❑ HPP _____
- ❑ Observed Urine Drug Screen _____
- ❑ Expanded Hair Drug Screen _____
- ❑ Hair Collection Only _____
- ❑ Oral Drug Screen _____
- ❑ DOT Breath Alcohol _____
- ❑ Non-DOT Breath Alcohol _____
- ❑ Urine Alcohol (Ethyl) 24-48 Hour _____
- ❑ Urine Alcohol (ETG) 3-4 Days _____
- ❑ Other _____

SERVICES REQUESTED / FEE SCHEDULE

OTHER SERVICES

- ❑ Audio _____
- ❑ EKG _____
- ❑ Stress Test _____
- ❑ Vision Acuity _____
- ❑ Pulmonary Function Test _____
- ❑ Respirator Fit Test _____
- ❑ Respirator/Medical Review _____
- ❑ Lift Test _____
- ❑ Lift Test Expanded _____
- ❑ Agility Test 1 _____
- ❑ Agility Test 2 _____
- ❑ Back Assessment _____
- ❑ Chest X-ray 1 View _____
- ❑ Chest X-ray 2 View _____
- ❑ L Spine 2-3 View _____
- ❑ L Spine 4 View _____
- ❑ Other _____

SERVICES REQUESTED

FEE SCHEDULE

LABS

- ❑ Executive Panel _____
- ❑ PSA _____
- ❑ Quantiferon Gold TB _____
- ❑ Lead _____
- ❑ Hep A Titer _____
- ❑ Hep B Titer _____
- ❑ MMR Titer _____
- ❑ Varicella Titer _____
- ❑ Benzene _____
- ❑ Veni Puncture Collection _____
- ❑ Other

WORKERS' COMP

- ❑ Initial Visit
  - ◉ Post-Accident Drug Screen
  - ◉ Post-Accident Breath Alcohol
- ❑ Follow-Up Visit

SERVICES REQUESTED

FEE SCHEDULE

VACCINATIONS

- ❑ PPD (TB Test) _____
- ❑ Tdap _____
- ❑ Td (Tetanus) _____
- ❑ Hep A Vaccine _____
- ❑ Hep B Vaccine _____
- ❑ MMR Vaccine _____
- ❑ Varicella Vaccine _____
- ❑ Typhoid Vaccine _____
- ❑ Flu Vaccine _____
- ❑ Other _____

ADDITIONAL HEALTH SERVICE NEEDS OR COMMENTS

**The service fee will be due and payable within forty-five (45) days of Company's receipt of Group's invoice. Company agrees that Group may amend the fee schedule, once per year, by providing Company with an amended copy of the fee schedule at least thirty (30) days prior to the effective date for the amended fee schedule.*

Authorized Signature _____ Date _____

Printed Name _____ Date _____