# OCCUPATIONAL MEDICINE SERVICE AGREEMENT

**1202 Medical Center Drive, Wilmington, NC 28401**
occmed@wilmingtonhealth.com **P: 910.341.1542 F: 910.341.5712**
**Revised: [07/27/2026]**

Company Name _____ Date _____

Billing Address _____

Contact #1 _____ Phone _____

Email _____

Contact #2 _____ Phone _____

Email _____

After-Hours Contact _____ Phone _____

Email _____

How do you prefer to receive Results? (Choose one) ❑ Secure Email ❑ Fax

Email Address for Results (if chosen) _____

Fax Number for Results (if chosen) _____

How do you prefer to receive Invoices? (Choose one) ❑ Secure Email ❑ Fax

Email Address for Invoices (if chosen) _____

Fax Number for Invoices (if chosen) _____

Workers' Comp Carrier for Claim _____

Workers' Comp Billing Address _____

_____

Workers' Comp Contact _____ Phone _____ Fax _____

Workers' Comp Email _____

## OCCUPATIONAL MEDICINE SERVICE NEEDS AND/OR COMMENTS:

**Payment is due 45 days from receipt of invoice. Wilmington Health reserves the right to modify our fee schedule once per year upon providing 30 days' written notice.*

Authorized Signature _____ Date _____

Printed Name _____ Date _____