Business Office:
149M Highway 31, Flemington, NJ 08822
908-782-7700 Fax 908-782-3644
www.thedoctorisin.net

EMPLOYER PROFILE SHEET

Clear Form

Company Name:	Number of Employees:
Hours of Operation:	Type of Business:
Contact Name:	Second Authorized Contact Name or Billing Address:
Title:	Title:
Address:	Address:
Address Line 2:	Address Line 2:
City:	City:
State: NJ Zip Code:	State: NJ Zip Code:
Phone: Fax:	Phone: Fax:
Email:	Email:

OCCUPATIONAL MEDICAL INFORMATION

(For a complete listing of our services, please see our Employer Authorization Form or call the Business Office)

Services Required:

Drug Screens: ☐ Yes ☐ No	Type of Drug Screen: ☐ DOT ☐ Non-DOT ☐ Non-DOT (10 panel)
Breath Alcohol: ☐ Yes ☐ No	☐ Annual ☐ New Hire/Pre-Employment ☐ Post Accident ☐ Random ☐ Reasonable Cause/Suspicion ☐ Return to Duty

Do you have a Third Party Administrator for Drug Testing ? ☐ Yes ☐ No

If left blank, house laboratory will be used and The Doctor Is In will serve as MRO.

Third Party Administrator Contact Name:	Lab Name:
Title:	Lab Account Number:
Address:	Lab Address:
Address Line 2:	Lab Address 2:
City:	City:
State: Zip Code:	State: Zip Code:
Phone: Fax:	Phone: Fax:
Email:	Courier: Courier Account No:

Company Name:		
Recipient of Test Results and/or Forms		
Name:		
Address:		Select Stat
Phone No:	Fax No:	
Special Instructions for test results/forms:		

WORKERS COMPENSATION INFORMATION

Where do you want us to send Workers Compensation Bills? (select one)		
☐ Insurance Company	☐ Company Address	☐ Corporate Headquarters
Workers Compensation Insurance Carrier:		
Policy No:		
Billing Address:		
Phone No:	Fax No:	
Do you have a dedicated Case Manager? If yes, provide name(s):	☐ Yes	☐ No
Does your company or insurance carrier require pre-authorization for referrals?	☐ Yes	☐ No
If yes, contact person name for pre-authorization:		
Phone No:	Fax No:	
Do you offer modified duty?	☐ Yes	☐ No
Does your company require post-accident drug/alcohol testing?	☐ Yes	☐ No
Additional Info:		

Please fax completed form to the Business Office: 908-782-3644

Thank you!

For TDII Use Only:

Entered in NG:	***Account No.:***
Entered in BB:	
Special Instructions:	

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