

DOCTORS MEDI CENTER

835 Roosevelt Avenue
Plaza 12, Suite 4A
Carteret, NJ 07008

Front Desk Phone # (732) 969-2240 Fax # (732) 969-2152

Company Information Update

Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Light Duty Availability: YES _____ NO _____

DOT Physical Paperwork Requirements:

(i.e. Give copy of card to driver, Give only card to driver, Do not give Driver anything)

Accounts Payable Contact: _____

Credit Card #: _____ Expiration Date: _____

of Employees: _____

Drug Screen Results Contact Person: _____

Worker's Compensation Contact for Authorization to Treat: _____

W/C Insurance Carrier: _____

Remit to Address: _____

Phone: _____ Fax: _____

Instructions for billing of W/C injuries:

_____ All claims to Company, Employer will forward

_____ All claims directly to Insurance Carrier

Please fax this form back when completed to (732) 969-2152

Thank You !!!!!