

CLIENT PROFILE FORM

Please email completed form to jacqueline.heyward@conehealth.com

Client Name _____

Client address _____

City _____ State _____ Zip _____

Main Contact Name/Title _____

Main Contact Phone _____ Fax _____

Main Contact Email _____

Secondary or Billing Contact Name/Title _____

Secondary or Billing Contact Phone _____ Fax _____

Secondary or Billing Contact Email _____

We have an online portal called **iSystoc**. This is the portal where you will retrieve drug screen results, work status restrictions, physical clearance, other results, etc. It is an internet based system so it is accessible 24/7. Which of the above contact people need access to this portal? (An email will be sent to these individuals with login/password info and instructions).

- Main Contact person
 Secondary Contact Person
 Billing Contact Person

Workers Compensation

If we provide Workers Compensation services to your employees, do you require post-accident drug screens and/or breath alcohol testing? If yes, indicate which service or both. drug screen breath alcohol

Billing Instructions-indicate where bills need to be sent for Workers Compensation-we are not able to send to both, please indicate only one

- Direct to Client
 Workers Compensation Carrier/Insurance Company

Workers Comp Carrier/Insurance Company Name _____

Address _____

City _____ State _____ Zip _____

Policy # _____ Dates of Coverage from _____ to _____

**** Please supply updated coverage information any time there is a change/renewal in your carrier. This will allow us to update our system and get information to the appropriate carrier in a timely manner.**

We accept credit card payments (Visa, MasterCard, and Discover) as well as electronic payments. If you would like to utilize these payment methods please contact our office.

What types of services are you interested in: Please indicate as many as needed

- | | |
|---|--|
| <input type="radio"/> Drug Screen | <input type="radio"/> Physicals |
| <input type="radio"/> Breath Alcohol Testing | <input type="radio"/> DOT Physicals |
| <input type="radio"/> Lab Work | <input type="radio"/> Respiratory Screening |
| <input type="radio"/> Physical Capacity Profile (PCP) Testing | <input type="radio"/> Travel Medicine |
| <input type="radio"/> Immunizations | <input type="radio"/> Workers Compensation Injury Care |