



2221 East Northern Lights Blvd., STE 106 Anchorage, Alaska 99508

Occupational & Family Medicine

Occupational Health Company Registration Form

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

Billing Phone: _____ Billing Contact: _____

Billing Address: _____

Billing preference?

Email Fax Mail Attention: _____

How will appointments be scheduled? Verbal/phone Written /fax Email

****Please note that a written referral is required for all appointments scheduled – A referral will be made up for you for your convenience upon company signing up for services (Referrals can be Faxed, Emailed or Hand Carried).**

Primary DER: (Designated Employee Representative)

Name: _____ Phone#: _____ Fax# _____ Email _____

Alternate Phone#: _____ Results to Receive: Negatives Positives

All Drug Test Results will be emailed to DER

Secondary DER: (Designated Employee Representative)

Name: _____ Phone#: _____ Fax# _____ Email _____

Secondary Phone#: _____ Results to Receive: Negatives Positives

All Drug Test Results will be emailed to DER

Person to Receive Physical/Medical Results:

Name: _____ Phone#: _____ Fax# _____ Email _____

Will you have a Random Program? _____ DOT _____ NONDOT _____ What percentage per Year for Non-DOT, DOTs will be done in accordance to DOT Standards unless otherwise noted but can't be below DOT standards

If DOT what Regulating Industry: USCG FAA FMCSA PHMSA FRA

If Non-Dot what Panel Drug Screen: 5 Panel 7 Panel 10 Panel 12 Panel Instant Test or Lab Test



All collectors are trained up to Federal Standards for Drug and Breath Alcohol collecting.

Responsibilities of Company:

Company DER is to provide Medical Park Occupational Health with updates as to employee additions or deletions from the random pool group by the 25th of each month in order to comply with all applicable DOT or other laws related to drug-testing. The company is to adopt and apply their own Drug and Alcohol testing policy in a non-discriminatory manner and to participate in ongoing supervisory training to assure compliance with applicable laws and standards.

Responsibilities of Medical Park Occupational Health:

Medical Park Occupational Health agrees to provide the Company the services specified in this New Client Set Up Form. Medical Park Occupational Health will use laboratories certified by the federal DHHS for all testing needs. Medical Park Occupational Health will provide reports of drug test results to a certified Medical Review Officer under contract and will maintain all Company D&A records as required by federal law. As a full service TPA, Medical Park Occupational Health will also provide:

Collection Site Selection & Administration	Review of Test Results (MRO)	Collection Supplies fulfillment
Chain of Custody Processing	Automated Test Reporting	Specimen Analysis
Record Retention of Positive Specimens	Random Pool Management	Annual Statistical Reporting

In addition, Medical Park Occupational Health's Occupational Medical staff follows leading industry protocols combined with advanced medical measurement devices to ensure accuracy. Medical Park Occupational Health will safeguard and maintain strict confidentiality of all records, following electronic health record practices, pursuant to HIPAA standards.

Payment Terms:

Company agrees to make payment in full within thirty (30) days of the billing statement. An account is considered delinquent if no payment has been received on the 31st day following the statement day, and a financial charge and collection costs may be assessed for such delinquent balances.

The Agreement shall be for a term of one (1) year beginning on _____ and will automatically renew for an additional year upon each anniversary date. Either party can terminate this Agreement with thirty (30) days written notice with or without cause. The company will assume responsibility for administration of any federally mandated D&A programs in the event of termination with Medical Park Occupational Health.

Name	Title	Phone
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Company Representative Signature: _____ Date: _____

Please Email Completed Form to: walter@mpfcak.com or Fax using the number below.