PACIFIC MEDICAL CLINIC

1534 East Warner Avenue, Suite A, Santa Ana CA 92705
Phone (714) 557-5599 . Fax (714) 557-5005

2018 EMPLOYER PROFILE

GENERAL EMPLOYER INFORMATION	
Company Name:	
Address:	
City / State / Zip:	Contact Person:
Phone Number: ( )	Alternate Contact:
Fax Number: ( )	Email:
Additional Contact Information:	

I/ ADDITIONAL INFORMATION:

Type of Business:	☐ Manufacturing ☐ Staffing ☐ Landscape ☐ Metal ☐ Wood ☐ Food ☐ Hospitality ☐ Cleaning ☐ Other *(please specify)*: ____________________	
Miscellaneous:	SIC Code:	Business hours:
	Number of Employees:	Modified Work Available? ☐ YES ☐ NO
	Number of shifts:	

II/ WORKER'S COMPENSATION BILLING PREFERENCES: *(mandatory)*

Instructions:
Please select one of the following **default billing delivery preferences for work-related injury invoices** *(check one)*:

☐ (1) Please bill our **company directly** (self-insured organization or first-aid).*

Please list any exceptions or special instructions here: ____

** If you select this option, it is mandatory to complete section 5 – Credit Card information on page 2.*

☐ (2) Please bill our **Workers' Compensation insurance carrier directly.**

Please list any exceptions or special instructions here: ____

III/ WORKER'S COMPENSATION INSURANCE POLICY INFORMATION: *(mandatory)*

Name of Carrier:			Policy Number:
Address (or P.O. Box)			Coverage Start Date:
City:	State:	Zip Code:	Coverage End Date:
Phone Number:			Fax:

IV/ THIRD PARTY ADMINISTRATOR (TPA) INFORMATION:		
Name of Carrier:		Policy Number:
Address (or P.O. Box)		Coverage Start Date:
City: State: Zip Code:		Coverage End Date:
Phone Number:		Email:
Fax Number:		

MPN INFORMATION *(mandatory)*	
Name of MPN:	

V/ CREDIT CARD INFORMATION: *(if your billing preference is to bill to company directly)*

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover
additional fees may apply for using Amex

Credit Card Number: ____________________ VID Code: __________

Expiration Date: ________/______

Credit Card Billing Address:	
City/State/Zip:	
Phone Number:	

As the credit card holder, I hereby authorize Pacific Medical Clinic to charge my credit card the maximum amount of $________________.

Signature:______________________________ Date:______________

***Please be advised that you be contacted by our billing department before we make any charge on your credit card.*

VI/ OTHER INFORMATION:

After a workplace injury:	Post-Offer Physicals Required?	☐ YES	☐ NO
After a workplace injury:	Employee Drug Screen (UDS) Required?	☐ YES	☐ NO
If "YES" above: *(Please check all that apply)*	☐ 10-Panel Drug Screen ☐ DOT Federal Drug Screen	☐ 9-Panel Rapid Drug Screen ☐ Urine Collection Only	
After a workplace injury:	Employee Breath Alcohol Test (BAT) Required?	☐ YES	☐ NO

Form Completed By:

Name: ______________________ **Signature**: ______________________ **Date Completed**:____________

Pacific Medical Clinic, Rev. 01/2016

PACIFIC MEDICAL CLINIC
PAYMENT POLICY

As part of our commitment to offer excellent medical and professional care to your company and employees, the following is our payment policy in order to minimize any misunderstanding about fees or financial responsibilities. Our work related injuries service fees have been established by the CA work comp fee schedule; these fees are usual and customary and are non-negotiable. To reassure that not only are you getting the best healthcare for your employees our Pre- Employment services fees are very competitive. Pre-Employment service fees are negotiable upon former agreement.

Authorization: All companies are provided with authorization forms from Pacific Medical Clinic. These forms are to be properly filled out by the authorized personnel. This from is to be given to the employee to bring to Pacific Medical Clinic at the time of their visit. By the company filing out the Authorization forms it permits us (Pacific Medical Clinic) to treat the Employee. This form ultimately holds you (the company) responsible of all charges, including finance charges. Please note when Determination of injury is not work related the company is responsible for payment.

Company Billing: For Pre-Employment services provided on your behalf, Payment should be submitted upon receipt of bill. We will not penalize if payment is received within 30 Days. For First aide and work comp services that you requested be directed to you, under labor code Section 4603.2(b) payment for medical treatment provided by the authorized physician shall be made by the employer within 45 days of receipt. If payment is not received in a timely manner, late fee may be assessed and is the responsibility of employer. Please note we do provide payment arrangements when necessary on most accounts. Failure to comply with these statutes may result in us taking further action with collection agency.

Workers Compensation: Company is responsible for submitting all appropriate documentation to their insurance carrier and to provide Pacific Medical Clinic with Claim info. Under Labor Code 5402(c), after an employee files a claim the employer shall authorize the provision of all treatment for the alleged injury. Treatment should be provided until the liability for the claim is accepted or rejected. Until the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($10,000). If the claim is denied company will be responsible for payment in full. All reportable work comp injuries are to be reported to the insurance carrier in a timely manner to avoid any delays to the patients care.

Proof of Insurance: California Law requires that employers with one or more employees have workers compensation insurance coverage. Under labor code section 3700.5, failing to have work comp coverage is a criminal offense. If an employee gets hurt or sick because of work and you are not insured, you (the company) are responsible for paying all bills related to the injury or illness. Companies who do not provide proof of insurance to Pacific Medical Clinic are responsible for payment in full at the time of the employee visit.

Coverage Changes: If you change your Work Comp insurance carrier you are responsible to inform Pacific Medical Clinic of that change. If the bill for service is denied by the insurance carrier due to expiration of coverage you will be responsible for payment of all services rendered.

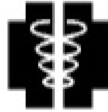
Payment Methods: For your convenience we accept various payment methods. We accept payment by checks, Debit and Credit cards (Visa, MasterCard, Discover and AMEX) and cash.

Our goal is to provide our clients with a comprehensive medical center they can rely on for excellent patient care. The purpose of this policy is to develop and sustain a continued professional and positive relationship.

Thank you for understanding our payment policy.

I have read and understand the payment policy and agree to abide by its guidelines.

______________________________	______________________
Signature	Date
______________________________	______________________
Print Name	Title



DATE __________

TIME __________

PACIFIC MEDICAL CLINIC

Occupational Medical Care
Gary A. Linnemann, M.D.
(714) 557-5599

PATIENT'S NAME ________________________________

COMPANY ________________________________

COMPANY PHONE ________________________________

INSURANCE CO ________________________________

- ☐ TREATMENT FOR WORK INJURY
- ☐ DETERMINATION OF WORK INJURY
- ☐ PRE-PLACEMENT PHYSICAL
- ☐ D.O.T./D.M.V. DRIVER PHYSICAL
- ☐ RETURN TO WORK CLEARANCE
- ☐ DRUG SCREEN
- ☐ DOT/FEDERAL DRUG SCREEN
- ☐ BREATH ALCOHOL TEST
- ☐ OTHER ________________________________

________________________________ AUTHORIZING SIGNATURE

______________ DATE

TREATMENT AUTHORIZATION

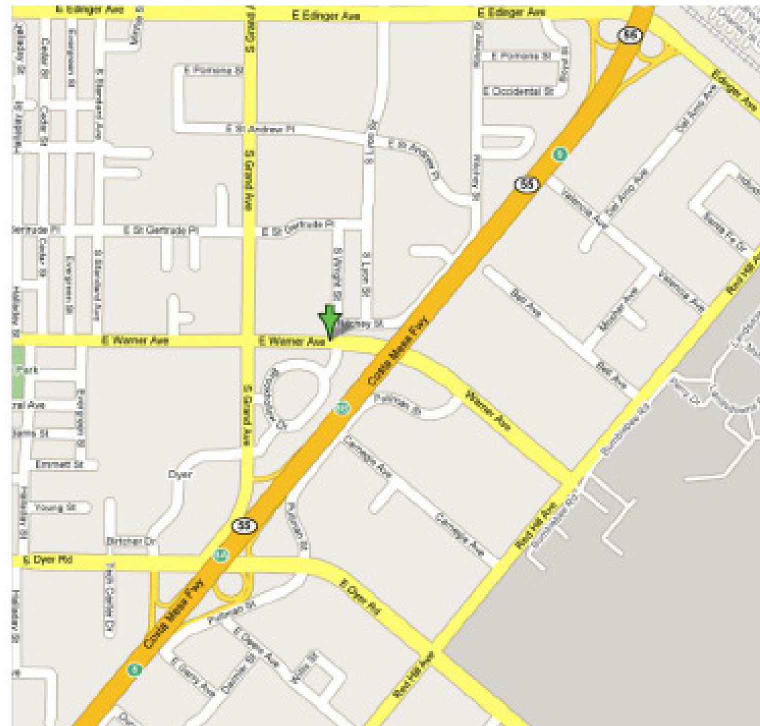
IMPORTANT NOTICE
COMPANY POLICY

- ☐ Will always provide modified work
- ☐ Call company to discuss work status for injured employee
- ☐ OFF-WORK STATUS if employee unable to perform regular work

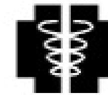
OCCUPATIONAL HEALTH TESTING

- ☐ AUDIOGRAM
- ☐ PULMONARY FUNCTION TEST
- ☐ RESPIRATOR FIT TEST
- ☐ T.B. SKIN TEST
- ☐ LEAD BLOOD TEST
- ☐ ZINC PROTOPORPHYRIN TEST
- ☐ OTHER: ______________

DIRECTIONS & MAP



NOTE: From 55 Freeway, Exit Dyer Road
Turn RIGHT on Grand Ave
Turn RIGHT on Warner Ave
Clinic is on your RIGHT



PACIFIC MEDICAL CLINIC
Occupational Medical Care

1534 E. Warner Avenue, Suite A
Santa Ana, CA 92705
(714) 557-5599
Clinic Hours:
Monday – Friday 8a.m –6p.m.
Website: www.pacmedclinic.com

Para que usted pueda recibir tratamiento, necesita traer esta forma

For Urgent Medical Treatment after Hours
AFTER HOURS, WEEKENDS & HOLIDAYS (24 HRS)

- PAGE the On-Call Physician at (714) 557-5599 (24 hour exchange)
- Bilingual exchange operators
- Bring this form with you to medical treatment facility
- Transportation might be available during regular office hours