



301 S. Cities Service Highway  
Sulphur, LA 70663  
Phone: (337) 888-3171  
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## NEW CLIENT INFORMATION PROTOCOL SETUP

Company Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position at Company: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Send reports via:  Fax  E-Mail  Mail  Other \_\_\_\_\_

### **Billing Information:**

Billing Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

### **Worker's Comp Information:**

Worker's Comp Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Services Requested:**

Physical Examination Type: \_\_\_\_\_

Breath Alcohol Test:  DOT  NON-DOT

Drug Screen:  DOT  NON-DOT  Quick Screen  Hair  Other \_\_\_\_\_

Additional Test:  Other \_\_\_\_\_

### **Injury Treatment:**

Post-Accident Drug Screen:  DOT  NON-DOT  Quick Screen

Post-Accident Breath Alcohol Test:  DOT  NON-DOT

For Office Use Only!

Clinic Location \_\_\_\_\_

Patient ID \_\_\_\_\_

Please email this information to: [mfarris@lurgentcare.com](mailto:mfarris@lurgentcare.com)