I.V. OCCUPATIONAL MEDICINE

1850 W. Main St. Suite E. El Centro, CA 92243 Phone: (760) 370-0020 Fax: (760) 370-0220

COMPANY PROFILE

Company name:			
Address:			
City:			
Mailing Address:			
City:			
Phone#:			
Contact Person:			
Email:	· · · · · · · · · · · · · · · · · · ·		
Company Type:			
<u>ACC</u>	<u>OUNT/INSURAN</u>	<u>CE INFORMATION</u>	
Billing Contact Person:			
Billing Address:		The state of the s	
Workers Comp. Carrier:			
Address:			
Claims Adjuster:	Pho	one#:	***************************************
	e 1		
	SERVICES RE	QUESTED	
Injury Case Management			No:
Light Duty Available:Yes		•	•
WC Bills sent to: Company		Both	
Pre-employment Physicals:	Yes	No	
Orug Screens:	Yes	No	
ab Work:	Yes	No	
DMV:	Yes	No	
Audiogram:	Yes	No	
Respiratory Test:	Yes	No	
Biological Monitoring (List subst	ances):		
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