

**Imperial Valley Occupational Medicine**

1850 W. Main Street, Suite E

El Centro, CA 92243

**Company Profile**

<b>Company Name:</b>	
Physical Address:	City, State:
Mailing Address:	City, State:
Phone:	Fax:
<b>Contact person:</b>	<b>Title:</b>
Phone:	Email:

**Account / Insurance Information**

<b>WC Carrier / Insurance:</b>	
Address:	Policy #:
Adjuster:	Phone:
<b>First Aid / Billing Address:</b>	<b>Contact person:</b>
Phone:	Email:

**Services Request: Select all that apply.**

<input type="checkbox"/> <b>Injury Case Management</b> <b>Light Duty Available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Call to verify	<b>Post Injury:</b> <input type="checkbox"/> BAT <input type="checkbox"/> DOT Drug Test <input type="checkbox"/> Instant Drug Screen (5 panel) <input type="checkbox"/> Instant Drug Screen (10 panel)
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<b>Services:</b> <input type="checkbox"/> Pre-employment physical <input type="checkbox"/> Lab work <input type="checkbox"/> DOT / DMV exam <input type="checkbox"/> Audiogram
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<input type="checkbox"/> Respiratory test <input type="checkbox"/> Biological monitoring (list substances): <input type="checkbox"/> Other:
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**Financial Responsibility Agreement**

Payment is expected at the time of service. Payment may be made by cash or check (preferred). Third party payment or assignment is generally accepted for services. Any deductible, co-insurance, or co-payment is payable at the time of service.

PAYMENT GUARANTEE: The undersigned severally agree, whether signing as a patient or guarantor, to guarantee payment of the account in accordance with the standard rates and terms of Imperial Valley Occupational Medicine (IVOM) in El Centro, CA.

I further understand that any balance remaining after insurance approves or denies payment is my responsibility to pay, including any amount not paid by a secondary or supplemental insurance policy.

If full payment is not received within 60 days of billing, IVOM reserves the right to charge interest of 1.5% per month (18 percent APR); IVOM also reserves the right to charge the reasonable fee of \$1.00 to cover its cost associated with rebilling.

IVOM may also check credit reports and report unpaid balances to credit bureaus. IVOM reserves the right to transfer unpaid balances to outside entities for collection, such as banks or other financial institutions. The provider of service has the right to terminate services based on noncompliance of this agreement.

**Notice of Privacy Practices**

I have received a copy of Imperial Valley Occupational Medicine’s Notice of Privacy Practices.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ, OR HAS BEEN READ, THE FOREGOING, THAT HE/SHE UNDERSTANDS THE FOREGOING, THAT HE/SHE HAS RECEIVED A COPY THEREOF, THAT HE/SHE HAS BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS THAT HE/SHE MAY HAVE CONCERNING THE FOREGOING, AND THAT HE/SHE IS THE PATIENT OR DULY AUTHORIZED REPRESENTATIVE OF THE PATIENT. THE UNDERSIGNED, HAVING READ AND UNDERSTOOD THE AGREEMENT, ACCEPTS THIS FINANCIAL RESPONSIBILITY AGREEMENT.

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Witness Signature

Date