



## Client and Account Setup

### Company Information

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Company Physical Address: \_\_\_\_\_  
City State Zip  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Billing Information

Accounts Payable Contact  
Person: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City State Zip  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Worker's Comp Information

Worker's Comp.  
Insurance Company: \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
City State Zip  
Insurance Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Third Part Administrator (TPA)

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

### Human Resources Department

HR Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Results: Yes  No  Email or \_\_\_\_\_  
Physical Address \_\_\_\_\_

### Safety and Injury Management

Injury Management Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Safety Manager(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Safety Manager(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Post Incident Drug Screen:  DOT  Quick  
 Non- DOT  Other

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