

# COMPANY PROFILE

## LANDMARK OCCUPATIONAL HEALTH CLINIC

Mailing Address: 310 Airport Road Ste 2000, Williston, ND 58801 TEL 701-355-6633 FAX 701-354-4865

Any questions, contact Heather at 701-355-6633, or heather@landmarkocchealth.com.

**New Company**    **Company Update**

**Billing Preference:**  Electronic Billing    Paper Billing    CREDIT CARD ACCOUNT ONLY

### Local Office

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	(Secure Fax: <input type="checkbox"/> Yes <input type="checkbox"/> No)
# of employees:	E-Mail Address for Statements (optional):	

### Billing Office - If different from Local Office or TPA Information

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	(Secure Fax: <input type="checkbox"/> Yes <input type="checkbox"/> No)

### Contacts – MUST have DER for drug screen services

Title and Name	E-mail	Phone #
Human Resources:		
Safety:		
DER:		
Accounts Payable:		
Additional Contact:		

### Injury Billing Preference

Bill Workforce Safety & Insurance ND    Employer

The injury billing preference can be changed on an injury basis.

### Occupational Services

Physicals    Audiograms    Spirometry    Vision    Respirator Mask Fit  
 Blankenship Functional Capacity Evaluation    Strength & Agility Testing (Circle One) Generic or Company Specific

### Drug Screen Services

Drug Testing (check all the boxes that apply)    **NO DRUG SCREENING**  
 Collection Only (Company Supplies CCF's)    Employee must bring chain    Landmark Chain & Lab  
Rapid Drug Screen:  5 Panel    10 Panel    Send to lab for confirmation    Send to lab POSITIVE only  
 Breath Alcohol    Hair Collection  
**Results Sent :**  Secure Fax:    EMAIL:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Instructions: