MDtoday URGENT CARE

10605 Scripps Poway Pkwy
San Diego, CA 92131
Tel: (858) 622-0554
Fax: (858) 622-1417
Weekdays
8:00am - 8:00pm
Weekends
8:00am - 8:00pm

3830 Valley Centre Dr
Ste 702
San Diego, CA 92130
Tel: (858) 720-0554
Fax: (858) 720-0553
Weekdays
8:00am - 8:00pm
Weekends
8:00am - 8:00pm

New Employer Account

Company Information

Company Name: ____

Address: ____________________ City: ______________ State: _____ Zip: ________

Designated Employer Representatives (DERs)

Name: ______________________________ Name: ______________________________

Title: ______________________________ Title: ______________________________

Phone: ______________________________ Phone: ______________________________

Fax: ______________________________ Fax: ______________________________

Email: ______________________________ Email: ______________________________

Workers' Compensation Insurance Information

Worker's Compensation Insurance Carrier: ________________________________

Address: ___________________________________City: ____________________

State:______ Zip:______________Phone:____________________ Fax:__________________

Contact Name: _________________ Policy Number:______________________________

*Do you have a third party administrator? If Yes, please attach a copy of their instructions.

Customized Medical Procedures & Pricing

Medical Treatment

_____Work Injury Treatment
_____Physical Exam
_____DMV / DOT Physical

Drug Screens

_____6-Panel Rapid Drug Screen
_____12-Panel Rapid Drug Screen
_____Non-DOT Collection
_____DOT Collection
_____Non-DOT BAT
_____DOT BAT

Immunizations

_____Hepatitis A
_____Hepatitis B
_____TB Test
_____Flu Shot
_____Tetanus
_____T/DAP

Tests

_____Color Blindness
_____Audiometric
_____Weight Lift
_____Titers
_____PFT
_____Chest X-Ray

Other:____

Future Authorization, HIPAA Compliance, & Pricing Agreement

I hereby authorize treatment for all employees from this day forward. I have also read MD Today Urgent Care's Privacy Policy (which is available online at mdtoday.com). Additionally, I verify that the above information is correct and that the the fax numbers, email addresses, and mailing addresses are in HIPAA Compliance to protect the privacy of the patient/employee(s) being treated. Finally, I agree to the pricing above and acknowledge that our company or WC insurance will be finacially responsible for treatment.

Employer Name:_________________________ Office Manager:_______________________

Sign & Date:___________________________ Sign & Date:__________________________

Reporting

Employer Fax:________________ Attn:____________________ Alternate:______________

Please email the completed form to kevin@mdtodayurgentcare.com or fax to (858) 622-1417