Wise Family Practice

Urgent Care

CORPORATE ACCOUNT

Company Information

Company Name: _____

Address: _____ Number of Employees: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Email: _____

Company Phone: _____ Company Fax: _____

Personnel Able to Authorize Visits

Authorized Personnel #1 – Name: _____ Phone: _____

Authorized Personnel #2 – Name: _____ Phone: _____

Authorized Personnel #3 – Name: _____ Phone: _____

After Hours Contact

After Hours Contact – Name: _____ Phone: _____

Accounts Payable Contact

Accounts Payable Name: _____ Phone: _____

Accounts Payable Email: _____ Fax: _____

Worker's Compensation Subscribers

Are you a subscriber to Texas Worker's Compensation Insurance? **YES** **NO**

Carrier Name: _____

Address: _____ PO BOX: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Special Instructions: _____

Services Needed

____ ON THE JOB INJURY ____ PRE-EMPLOYMENT SERVICES ____ OTHER

____ DOT PHYSICAL ____ PHYSICAL THERAPY

Drug Screen with injury? YES NO

Standard Drug Screens

- 10-Panel Serum
- 5-Panel Serum
- Urine

Please specify your preference for receiving physicals, work status reports, drug screens, etc.

- o By Fax
- o By regular mail
- o By email

Report to – Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax #: _____ Email: _____

RETURN COMPLETED FORM TO:

WISE FAMILY PRACTICE URGENT CARE
800 MEDICAL CENTER DR., SUITE C
DECATUR, TX 76234
PH: (940) 626-2110
FX: (940) 626-2113