



**St. Anthony's Medical Center  
Employer Profile**

**Company**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Insurance Carrier**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Billing:  Send Bill to Company Address  Send Bill to Insurance Co.

<b>Drug Screen</b>	<b>DOT</b> <input type="checkbox"/> Post Accident <input type="checkbox"/> Random <input type="checkbox"/> Replacement <input type="checkbox"/> Suspicion/Cause	<b>Non-DOT</b> <input type="checkbox"/> Post Accident <input type="checkbox"/> Random <input type="checkbox"/> Replacement <input type="checkbox"/> Suspicion/Cause
<b>Breath Alcohol</b>	<b>DOT</b> <input type="checkbox"/> Post Accident <input type="checkbox"/> Random <input type="checkbox"/> Replacement <input type="checkbox"/> Suspicion/Cause	<b>Non-DOT</b> <input type="checkbox"/> Post Accident <input type="checkbox"/> Random <input type="checkbox"/> Replacement <input type="checkbox"/> Suspicion/Cause
<b>Physical Exam</b>	<input type="checkbox"/> Physical Exam <input type="checkbox"/> DOT Exam <input type="checkbox"/> Return to work/Fit for duty	
<b>Immunizations</b>	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> PPD	

**Special Instructions:**