

# Workright Occupational Health Services

Countryside • Alsip, IL • (708) 579-4900 • [www.wrohs.com](http://www.wrohs.com) [team@wrohs.com](mailto:team@wrohs.com)

## New Company Account Form

6555 Willow Springs Rd, Countryside, IL 60525  
11921 S Cicero Ave, Alsip, IL 60803

### Company Information

|                             |     |                      |          |
|-----------------------------|-----|----------------------|----------|
| Company / Business Name     |     | Federal Tax ID (EIN) |          |
| Industry / Type of Business |     | Number of Employees  |          |
| Billing Address             |     |                      |          |
| City                        |     | State                | ZIP Code |
| Main Phone                  | Fax | Website              |          |

### Primary Contact (HR / Office Manager)

|              |               |
|--------------|---------------|
| Contact Name | Title         |
| Direct Phone | Email Address |

### Services Requested

- ☐ Pre-Employment Physicals   ☐ Drug & Alcohol Testing   ☐ DOT Physicals / Certifications   ☐ Injury Care / Workers' Comp   ☐ Random Drug Testing Program
- ☐ Annual / Periodic Physicals   ☐ Fitness-for-Duty Evaluations   ☐ Other

### Billing Preferences

Billing Method  
☐ Invoice (Net 30)   ☐ Credit Card on File   ☐ Pay per Visit

|                                                                                      |                                       |
|--------------------------------------------------------------------------------------|---------------------------------------|
| Billing Contact Name (if different)                                                  | Billing Email                         |
| Purchase Order Required?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Workers' Comp Carrier (if applicable) |

### Workers' Compensation Information

|                      |               |
|----------------------|---------------|
| WC Insurance Carrier | Policy Number |
| Claims Contact Name  | Claims Phone  |

### Authorization

By signing below, I authorize Workright Occupational Health Services to provide occupational health services to employees of the above company and to bill accordingly. I certify that I am authorized to enter into this agreement on behalf of the company.

|                      |              |      |
|----------------------|--------------|------|
| Authorized Signature | Printed Name | Date |
|----------------------|--------------|------|