



1201 S. Main St, #118  
Boerne, TX 78006  
830-815-1081



19750 Hwy 46, #104  
Spring Branch, TX 78070  
830-438-2544

**WORKMANS' COMPENSATION ACCOUNT SET-UP AND  
PRE-EMPLOYMENT DRUG TESTING AND PHYSICALS**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of Employees \_\_\_\_\_

After Hour/Weekend Contact (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Verbal Consent Allowed? Yes No

Subscriber: (TDI) \_\_\_\_\_ Non-Subscriber: (Non TDI) \_\_\_\_\_ Self Pay: \_\_\_\_\_

If Non-Subscriber does company wish to pay for care to a set limit? Yes No If yes, what dollar amount (\$) does company wish to pay? \_\_\_\_\_ (If charges exceed this amount then WC carrier will be billed).

**W/C Insurance Carrier:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Name of Third Party Administrator (if applicable)** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Pre-Employment Billing Information**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

