

Occupational Medicine Billing and Insurance Information

Type of Services Needed (check all that apply):

□Physicals □Drug Screens □Injury Care

Worker's Compensation/Injury Care Billing:
□Self-Insured for Worker Comp □Send Initial Bill to Carrier

Insurance Carrier or TPA Company Name: Click here to enter text.
Address:Click here to enter text. Suite:Click here to enter text.
City: Click here to enter text. State:Click here to enter text. Zip:Click here to enter text.
Telephone Number: Click here to enter text. Fax Number: Click here to enter text.
Policy Number: Click here to enter text.
Effective date: Click here to enter text. Expire Date:Click here to enter text.
Contact Name: ☐Ms. ☐ Mrs. ☐ Dr.
Title:Click here to enter text.
Direct Telephone Number/Ext.: () Confidential Fax: ()
E-Mail*: Click here to enter text.
Contact Type: ☐ Surveillance ☐ Worker's Comp ☐ All Clinical ☐ Billing ☐ Other
Notes:Click here to enter text.
Additional Carrier or TPA Company Contacts:
Contact Name: ☐ Ms. ☐ Mrs. ☐ Dr.
Title:Click here to enter text.
Direct Telephone Number/Ext.: () Confidential Fax: ()
E-Mail*: Click here to enter text.
Contact Type: ☐ Surveillance ☐Worker's Comp ☐All Clinical ☐Billing ☐Other
Notes:Click here to enter text.

Tel: 707/646-4600 Fax: 707/646-4601 NorthBay.org/occhealth

Fairfield - 2470 Hilborn Rd., Ste 100, Fairfield

Vacaville – 1679 E. Monte Vista Ave., Ste 104, Vacaville (Inside of NorthBay Urgent Care) (Mailing address: 4500 Business Center Dr., Fairfield, CA 94534)

^{*}E-mail address will be confidential. It will be used to communicate important updates and changes with our offices.