

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:	
Address:	Suite:
City:	State: Zip:
Telephone Number: ()	Fax Number: ()
Policy Number:	
Effective date:	Expire Date:
Contact Name: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Title:	
Direct Telephone Number/Ext.: ()	Confidential Fax: ()
E-Mail*:	
Contact Type: <input type="checkbox"/> Surveillance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> All Clinical <input type="checkbox"/> Billing <input type="checkbox"/> Other	
Notes:	
Additional Carrier or TPA Company Contacts:	
Contact Name: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Title:	
Direct Telephone Number/Ext.: ()	Confidential Fax: ()
E-Mail*:	
Contact Type: <input type="checkbox"/> Surveillance <input type="checkbox"/> Worker's Comp <input type="checkbox"/> All Clinical <input type="checkbox"/> Billing <input type="checkbox"/> Other	
Notes:	

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

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)

Tel: 707/646-4600 Fax: 707/646-4601