TOWER MEDICAL CENTER OF NEDERLAND

2100 Hwy 365 Nederland, TX 77627
Phone (409) 724-2321 Fax (409) 729-7237 www.towermedical.biz

The information set out below should be completed in order to set up a new account with TMN and updated annually in order to maintain up-to-date account information.

COMPANY INFORMATION		
Company Name:		
Company Address:		
City	State	Zip Code
Billing Address:		
City	State	Zip Code

COMPANY CONTACTS	
Contact Name: (**Exam Results**)	
Email Address:	
Phone:	Fax:
Which method do you prefer to receive results?	
Contact Name:(**Drug & Alcohol Screen Testing Results**)	
Email Address:	
Phone:	Fax:
Which method do you prefer to receive results?	
Contact Name: (**Injury Records**)	
Email Address:	
Phone:	Fax:
Which method do you prefer to receive results?	

ACCOUNTS PAYABLE INFORMATION	
Any special job number, job location or PO number that should be listed on an invoice must be placed on each patient authorization/protocol sheet sent to us.	
Contact Name:	
Email Address:	
Phone:	Fax:

CREDIT CARD INFORMATION	
Credit Card Type: __Master Card, __VISA, __AMEX, __Discover	
Name on Card:	
Credit Card #:	
Expiration Date:	Security Code:
A credit card must be on file.	

TOWER MEDICAL CENTER OF NEDERLAND

SERVICES TO BE PROVIDED

Indicate on the price/authorization sheet by checking the items you would like us to provide to your employees. The items you check will be placed on your specific company protocol that will be emailed to you when set up is complete. We must have a protocol / authorization sheet on every employee you send in before we will provide any service.

INJURY CARE INFORMATION

If any injury is deemed non occupational, your company will be responsible for payment. Please indicate your billing procedures for all injury care related services.

__Bill Direct to Company
A credit card MUST be on file for Direct billing.

__Case-by-Case Basis
When billing case-by-case, Company must inform TMN at the time of the **initial** visit.

__Insurance Company
Insurance Carrier:_____
Insurance Address:_____
City State Zip Code

IS LIGHT DUTY AVAILABLE? __Yes __No

DRUG SCREEN INFORMATION

List the type of tests that should be administered upon arrival of your injured employee.
__Drug Screen __Breath Alcohol __Hair Test __None

Will Dr. Lance Craig be your Medical Review Officer (MRO) for drug screening?
__ Yes __ No
If NO, provide your Drug-Testing Consortium's information below.
Consortium Name:_____
Consortium Account #:_____

PAYMENT AGREEMENT

Payment Agreement (must be signed by owner or authorized agent/officer)

Tower Medical Center of Nederland (TMN) provides a courtesy option of billing services directly to the company. TMN requires that a protocol / authorization form that we provide to you be signed by an authorized company representative for any service provided. The signed protocol sheet will serve as an agreement between Company and TMN. Company agrees that all services rendered will be paid and attests to financial responsibility, ability and willingness to pay. Company agrees to pay TMN within 45 days from the date of the invoice; otherwise, a late fee of $30 may be assessed. Company agrees that if payment is not made within the time allowed AND after given the opportunity to cure default that TMN will: (1) Charge Company's credit card; OR (2) Bill Company's Insurance Carrier directly for injury related services provided during office hours (TMN will notify Company prior to initiating these actions). Company also agrees that if insurance carrier denies a claim due to company's failure to act accordingly that company will be responsible for payment.

Company Name:

Authorized Agent (please print):

Signature: Date:

TOWER MEDICAL CENTER OF NEDERLAND

2100 Hwy 365 Nederland, TX 77627
Phone (409) 724-2321 Fax (409) 729-7237

PATIENT / EMPLOYER INFORMATION AUTHORIZATION

Patient Name	Date of Birth	Social Security #
Company Name	Company Address	
Company Phone #	Company Fax #	PO# - Job#

Services Required – Injury Care

Date of Injury:_____ Injured Body Part:

__Bill Company __Bill Insurance

Substance Abuse Testing

__Drug Screen collection (your lab)	$15
__Drug Screen – Non-DOT (our lab)	$25
__Drug Screen – Non-DOT w/Urine Alcohol	$30
__Drug Screen – DOT w/MRO	$45
__Drug Screen – Stat Test	$30
__EBT – Breath Alcohol	$25
__EBT – Confirmation	$20
__Hair Follicle collection (your lab)	$15
__Hair Follicle 5 panel (our lab)	$100
__Hair Follicle 10 panel (our lab)	$150
__MRO Fee (Dr. Lance Craig)	$20

Physical Examanation

__Standard Exam (our form 1pg)	$50
__DOT Exam	$85
__Extended Exam (3 or more pgs)	$60
__Asbestos Exam	$60
__Aniline Exam	$60
__Crane Operator Exam	$60
__Coast Guard Exam	$60
__Silica Exam	$60
__Return to Work Level I	$60
__Return to Work Level II	$85
__Other _____	

Testing

__Audiometry	$25
__EKG	$50
__Fit Test _____	$25
__Fit Test _____	$25
__Flexion	$15
__PFT (Pulmonary Function Test)	$25
__Other _____	

Vaccine

__Hepatitis A	$95
__Hepatitis B (series of 3 injections)	each $95
__Tdap	$60
__Other _____	

X-RAY

__Chest PA (1 view)	$75
__Chest PA & LAT (2 views)	$85
__Lumbar (3 view)	$100
__Lumbar (5view)	$125

Laboratory

__Blood Benzene	$75
__CBC	$25
__Hemoccult	$20
__Lead / ZPP	$45
__Lipid Profile	$30
__Urinalysis	$20
__Urine Cytology	$88
__Urine Phenol	$100
__Lab Screen (CBC, CMP, Lipid)	$85
__Heavy Metal I (Arsenic, Lead, Mercury)	$375
__Heavy Metal II (Arsenic, Lead, Mercury,Cadmium)	$450

Authorization (Authorized by)

Tower Medical Center of Nederland (TMN) provides our client / companies with a courtesy option of billing services directly to your company. TMN DOES NOT have a contract with your insurance provider. TMN requires an authorization form signed by one of your company representatives for any service provided. This authorization form shall serve as a payment agreement between TMN and your company, not your insurance company. You are agreeing that all services rendered will be paid for by your company and that company attests to financial responsibility, ability and willingness to pay TMN invoices within 45 days from the date of invoice; otherwise, a $30 late fee may be assessed. Company also agrees that if your insurance carrier denies a claim due to your failure to act accordingly that company will be responsible for payment. **Note: A credit card MUST be on file with TMN**

Print Name Signature

Date Time

TOWER MEDICAL CENTER OF NEDERLAND

DRUG SCREENING LABS

Please fill out info below according to the labs your company is set up with.
It is companies responsibility to provide TMN with proper Chain of Custody Forms.
We offer FormFox. WE CAN NOT ALTER DISA CHAIN OF CUSTODIES!

LAB	ACCOUNT #	BILL: LAB OR COMPANY
ASAP		
Accutrace Testing		
CHS – Comprehensive Health		
Compliance Consortium		
CRL		
DISA		
eScreen		
First Advantage		
Forward Edge		
I3screen		
LabCorp		
National Diagnostic		
Pipeline Testing		
Psychemedics		
Quest		
TX Alcohol & Drug		