



FOUR LOCATIONS TO SERVE YOU

Carmichael 916-488-6337
Roseville 916-772-6337
Folsom 916-920-6337
Natomas 916-447-6337

WORK COMP CLIENT INFORMATION FORM

EMPLOYER INFORMATION

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Contact(s): _____

**Please provide Corporate information if applicable*

Corporate Name: _____
Address: _____
Phone: _____ Fax: _____
Main Contact: _____

Is Modified Duty Available? YES NO

Work Status Reports **Secure Fax Number:** _____
Special Instructions: _____

WORK COMP INFORMATION

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Policy# _____
Contact(s): _____

MED7 offers Post Accident Drug and Alcohol Testing services. If your company requires testing or you would like information regarding testing services, please contact the Clinic Manager. Details will need to be coordinated ahead of time in order to bill for any testing services not covered under Work Comp Ins.