



Company Preference Information

Company Name: _____
 Contact Person: _____
 Company Address: _____
 Phone: _____ Fax: _____

WC Billing		O/C Health Billing	
Company name		Company name	
Address		Address	
Phone	Fax	Phone	Fax

MRO Billing Information

Company Name: _____
 Company Address: _____
 Phone: _____ Fax: _____

Notes

- | WC | O/C Health |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization Dispense Meds | <input type="checkbox"/> DOT Physical |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Post Accident Drug Screen | <input type="checkbox"/> DOT UDS |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Alcohol Test | <input type="checkbox"/> Non DOT Physical |
| | <input type="checkbox"/> Non DOT Drug Screen |

Revised 5/21/2009

Brunswick: 912-264-9111 • 1111 Glynco Parkway Bldg A Suite 10, Brunswick GA 31525

Jesup: 912-588-9110 • 111 Colonial Way, Jesup, GA 31545

Pooler: 912-330-9655 • 1215 East Hwy 80, Suite 600, Pooler, GA 31122