

NEW COMPANY FORM

If interested in McLaren Oakland Premier Occupational Health Services please fill out the information below and fax to (248) 628-2781 attn: Amy

Company Name _____

Contact Person (Primary) _____ (Secondary) _____

Phone Number (____) _____ Fax Number(____) _____

Local Address _____

City State Zip Code

Email Address _____

Company Type _____

Number of Employees _____ Number of Shifts _____

Billing Address (if different from above) _____

Work Comp Insurance Carrier _____

Insurance Carrier Phone Number _____ Fax Number _____

Policy Number _____ Claim Number _____

Address of Insurance _____

City State Zip Code

Please use this area to share any specific information regarding your company

(To be filled out by McLaren Oakland Premier Occupational Health Staff)

Company Added Date _____ Systoc ID _____