ROCC
REGIONAL OCCUPATIONAL CARE CENTER
A UNITY HEALTHCARE PARTNER

Thank you for your interest in the services offered by ROCC. Please complete the following form/updated the information as it applies to your company's needs and return by fax to 765-446-1083 or email to 1321rocc@unityhc.com . If you have any questions, please do not hesitate to contact ROCC at 765-446-2450.

COMPANY NAME _____ **Date** _____

MAIN TELEPHONE _____**FAX** _____**EMAIL**_____

ADDRESS _____ **BILL SERVICES TO** _____

_____ _____

_____ _____

CONTACT FOR PHYSICALS _____ **Ph:**_____ **Email:**_____

CONTACT FOR INJURY CARE _____ **Ph:**_____ **Email:**_____

CONTACT FOR DRUG SCREEN _____**Ph:**_____ **Email:**_____

CONTACT FOR BILLING_____ **Ph:**_____ **Email:**_____

Please Indicate Services Required

Physical Type Available:

□DOT ($95) □ Pre-Employment ($80) □ Basic ($80) □ Respirator Physical ($35)

□Respirator Fit w/OSHA Questionnaire($51) □ PFT ($50) □ Return to Work ($100) □ Sports Physical ($60)

Drug Screening Protocol:

□ Company Provides a Chain of Custody Form □ ROCC House Account Chain of Custody

Types of Drug Screening Available:

Pre-Employment:

□ DOT ($40) □ 5 Panel ($40) □ 11 Panel ($40) □ Lab based NON-DOT ($30)

□ Breath Alcohol ($35) □Hair Collection ($65)

Post-Accident:

□ DOT ($40) □ 5 Panel ($40) □ 11 Panel ($40) □ Breath Alcohol ($35) □Hair Collection ($65)

Random/ Reasonable Suspicion:

□ DOT ($40) □ 5 Panel ($40) □ 11 Panel ($40) □ Breath Alcohol ($35) □Hair Collection ($65)

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Other Services Available:

□ Hearing Test w/ Interp ($40) □ Hearing Test w/o Interp ($36) □ Back Evaluation ($20) □ Lift Test ($20)

□ X-Rays (Price varies) □ Lift Test ($20) □ Visual Acuity ($46) □ Fitness for Duty/Return to work ($100)

□ Wellness Programs □ Respiratory Programs □ Pulmonary Programs

Injections/Immunizations Available: All injections include a $35 administration fee.

□ Tetanus ($108) / Tdap ($91) □Hepatitis AB ($220 per injection) □Hepatitis A ($150 per injection)

□Hepatitis B ($95 per injection) □MMR ($169 per injection) □Varicella ($290 per injection) □ Flu Shot ($60)

□ **TB Testing:** Skin Test ($22), QuantiFERON ($100), T Spot ($200), or Chest X-Ray ($128)

Labs:

□Hepatitis Titer □Varicella Titer □MMR Titer □Other _____

Work Comp Insurance:

Carrier _____Phone _____Fax _____

Address _____

Authorization for referrals provided by insurance company or employer? _____

Send Return to Work paperwork to Attention: _____

Via: (Email, Fax, Mail, or Send with Patient) _____

Send Office Notes to Attention:_____

Via: (Email, Fax, or Mail)_____

Send Missed Appt Notice to Attention:_____

Via: (Email, Fax, or Mail) _____

Do you have a preferred Pharmacy? □YES □NO

If yes, pharmacy name: _____ Phone: _____

Any other special requests or services not listed above?

_____