

PALOMAR HEALTH

Corporate Health Services

Company Registration

Attn: _____

Email: _____

General Company Info

Name _____

Address _____

City _____

State _____ Zip _____

Country _____

Phone _____

Ext _____

Fax _____

Main Contact _____

Email _____

Phone _____

Fax _____

Second Contact _____

Email _____

Phone _____

Fax _____

Company Worker's Comp Info

Is your company self-insured for worker's compensation?

Yes No

Carrier/TPA _____

Phone _____

Address _____

City/State/Zip _____

Fax _____

Confidential fax # Yes No

Policy _____

Claims Adjuster _____

Effective Date _____

Expiration Date _____

Organization (Optional)

Federal ID# _____

Nature of Business _____

SIC Code _____

Protocols

How do you want results reported back to you? Email Fax Please indicate to whom and email or fax # here

Special Instructions

Worker's Comp Injuries _____

First Aid Injuries _____

Drug Screen needed during initial injury visit? Yes No

Breath Alcohol needed during initial injury visit? Yes No

Any additional services needed please list below

Special Instructions

Which Clinic Would You Primarily Use:

Poway

Palomar Corporate Health Services – Poway
15611 Pomerado Rd, Suite 580, Poway, CA 92064

☎ 858.613.6280 📠 858.613.6281

Escondido

Palomar Corporate Health Services – Escondido
2125 Citracado Parkway, Suite 130, Escondido, CA 92029

☎ 760.510.7373 📠 760.510.7374