# COMPANY INFORMATION FORM

**Name of Company:**

Address: ______________________________________________

City: ______________________ State: ______________ Zip: ____________

Phone: ____________________ Fax: ______________________

**Authorization List**

Contact: ______________________ Phone/Cell: ______________

Contact: ______________________ Phone/Cell: ______________

Additional Contacts: ______________________________

**D.E.R. List**

Primary: ______________________ Phone/Cell: ______________

Alternate: ______________________ Phone/Cell: ______________

** D.E.R. needs to be available during our business hours.*

**Employer Paid Services**

Bill to: ______________________________________________

Contact: ______________________ Email: ______________

Phone: ______________________ Fax: ______________

EPS Common Instructions: ______________________________

**Worker's Compensation Information**

WC Insurance Carrier: ______________________ Policy #: ______________

Contact: ______________________ Email: ______________

Phone: ______________________ Fax: ______________

WC Notes: ______________________________________________

WC Common Instructions: ______________________________

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