

MedRoof Urgent Care & Spa Employer Partnership Enrollment Form

Company Information

Company Name: _____

Address: _____

City/State/ZIP: _____

Employer Contact

Contact Person: _____

Title/Role: _____

Phone: _____ Email: _____

Services Requested (check all that apply)

- ☐ DOT Physicals
- ☐ Non-DOT Physicals
- ☐ CDL Services
- ☐ Workers Compensation Injury Care
- ☐ Drug & Alcohol Testing (Pre-Employment, Random, Post-Accident)
- ☐ Return-to-Work Clearance
- ☐ School Physicals (Sports, College, Program Requirements)
- ☐ Employment Physicals (Pre-Employment, Annual, Clearance)

Estimated Number of Employees/Students Covered

Billing Preference

☐ Direct Employer Pay

☐ Insurance Billing

Signature

Signature of Employer Representative: _____ Date: _____

Submission Instructions

Return completed forms to MedRoof Administration at 3059 Everett Road, East Freedom, PA 16637 or email: info@medroofurgentcare.com