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: employerservices@medroofurgentcare.com