

Commercial Account Application-Employers

To set up a commercial account for services billed directly to your company, please complete this form and return to Account Services email to ocmed@multicare.org (preferred), or fax to 253-459-6708.

Company/Employer

Additional contacts for specific service protocols are itemized on Service Enrollment Forms.

Company Legal Name		Washington UBI#	
Primary Business Contact & Address		Billing Contact & Address <u> </u> same as business contact	
Contact Name		Contact Name	
Email		Email	
Phone	Fax	Phone	Fax
Address		Address	
City, ST, Zip		City, ST, Zip	

Agreement: The Company/Employer named above (Client) agrees to pay MultiCare Health System dba MultiCare Centers of Occupational Medicine (MCOM) for occupational health services enrolled in and authorized by the Client. No minimum orders, contract or subscription fees are required unless specifically stated on a Service Enrollment Form.

Workers Compensation Excluded: This agreement does not apply to workers compensation care billing.

Available Service Protocols: MCOM will enable only those services on your account which you specify. Please complete a Service Enrollment Form for services you wish to enable. Service Enrollment Forms include:

- Basic Examination & Screening Services
- OSHA-DOSH Respirator Services
- OSHA-DOSH HazMat / Medical Surveillance Exams
- Law Enforcement Exams
- Fire Fighter Exams
- Drug & Alcohol Testing
- Random Selection for Drug & Alcohol Testing
- MultiCare Contractor & Vendor Services
- Employee Wellness & Immunization Services
- Custom and Federal Govt Exams

Prices: MCOM will provide Client with unit prices, which are subject to change with 30 days notice.

Billing and Payment: Unless specifically stated otherwise on a Service Enrollment Form, MCOM invoices monthly for services provided the prior month. Clinic locations are invoiced separately. Payment is due in 30 days from invoice. 12% annual interest will be applied to past due balances. Remit to:

MultiCare Occupational Medicine – Administration
 PO Box 5299 | MS 19U-A3-OM
 Tacoma, WA 98415-5299

Application Form Completed by

 Print Name

 Print Title

 Signature

 Date