



602 Brandon Ave, Suite 222  
Roanoke, VA 24015  
(p) 540.774.0000  
(f) 540.774.0085  
AFCurgentcareRoanoke.com

Monday – Friday: 8am – 8pm  
Saturday – Sunday: 8am – 5pm

### Employer Billing and Protocol Instruction Form

Business Name: \_\_\_\_\_ TAX ID: \_\_\_\_\_  
Primary Business Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Secondary Business Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Select Services for which you would like to add to your set of protocols:

DOT Physical     Pre-Employment Physical     Work Comp New Visit     Work Comp Follow Up Visit(s)  
 Breath Alcohol Test     PPD Skin Test     HEP B Vaccine     Varicella     MMR     TDap     FLU  
 5 Pnl Rapid Drug Screen     10 Pnl Rapid Drug Screen     Drug Screen Collect Only     DOT Drug Screen (our CCF)  
  
 Other Services (please list): \_\_\_\_\_  
 Do you offer light duty work? (please explain): \_\_\_\_\_

#### Billing Information for Direct Bill

Bill To: (company name) \_\_\_\_\_ TAX ID: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Billing Information for Third Party Payer or Insurance Company

Bill To: (company name) \_\_\_\_\_ TAX ID: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_