

Spectrum Health Occupational Health

Please complete the following information to help us better serve you.

Company Name: _____

Company Address: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Billing Address: _____

Alternate Contact Name(s): _____

Alternate Contact Phone(s): _____

Number of Employees: _____

Worker's Compensation Carrier: _____

Work Comp Carrier Address: _____

Work Comp Carrier Phone: _____

How would you like to receive your employee's results?

- Confidential fax Secure email
 Online employer portal (PureOHS)

What services would you be interested in receiving additional information on?

- Pre-Employment Services Drug Screening Other _____
 Work Related Injury Care Onsite Services _____

How did you hear about Spectrum Health Occupational Health?

Please return this document to Occupational Health at occserv@spectrumhealth.org or fax to 616.267.9033. For additional questions or inquiries, please contact our Customer Service Team at 616.391.2778.