

Spectrum Health Occupational Health

New Client Implementation

Welcome to Spectrum Health! Please complete the following information and send back via e-mail, fax, or mail to Spectrum Health Occupational Health Services in order for us to set up your company in our system.

E-mail: OHSClientServices@spectrumhealth.org

Fax: 616-267-9033

Company Name	
Company Address	
Contact Person Name	
Phone Number	
Confidential Fax Number	
Email	
Billing Address	
Alternate Contact Name(s)	
Alternate Contact Phone(s)	
Company Business Type	
Number of Employees	
Number of Employees in West Michigan	
Workers' Compensation Carrier	
Workers' Compensation Carrier Address	
Workers' compensation Carrier Phone #	
How would you like to receive your results? (Select only one)	<input type="checkbox"/> Secure e-mail notification <input type="checkbox"/> A fax to a confidential fax line <input type="checkbox"/> Mailed Result <input type="checkbox"/> Phone Call

Our company would like more information regarding the following:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Pre-Employment Services | <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Work Related Injury Care | <input type="checkbox"/> Other | |

Would you like to be added to our email list to receive our newsletters? Yes No