

BCH Occupational Health Services

Phone 303-604-4660; Fax 303-604-4662

1000 W South Boulder Rd. Suite 220 Lafayette, CO 80026

4880 Riverbend Rd. Boulder, CO 80301

Employer Designation Form

| COMPANY INFORMATION | |
|---|--|
| Company: | Billing Address Same as Physical Address? Yes _____ No _____ |
| Company AKA/DKA: | Billing Address (if different): |
| Physical Address: | Billing City/State/Zip (if different): |
| City/State/Zip: | Billing Contact: |
| Phone: Secure Fax: | Billing Phone: Billing Secure Fax: |
| Primary Company Contact: | Company Website: |
| Contact Title: | Type of Business: |
| Contact Phone: | Number of Employees: |
| Additional Contacts: | Additional Company Locations or Worksites: |
| INSURANCE INFORMATION | |
| Insurer: | Insurer Address: |
| Policy Number: | Insurer Phone: |
| Representative/Agent Name: | Insurer Fax: |
| 3 rd Party Administrator: | 3 rd Party Administrator Phone: |
| Broker Name: | Broker Phone: |
| Special Needs/Requests: | |
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If you are interested in additional services, please complete and submit this form, along with a Protocol Request Form.

All forms should be submitted by fax to BCH OHS 303-604-4662.

Please inform your Work Comp insurance that you have designated OHS as your medical provider.

Company Contact Signature & Date

Processed by OHS (name/date/comments) _____

After Hours Care provided at: Boulder Community Foothills Hospital Emergency Department 4747 Arapahoe, Boulder – Open 24 Hours
Community Medical Center Urgent Care 1000 W South Boulder Rd, Lafayette – Open 7:00am – 11:00pm daily