

BCH Occupational Health Services

1000 W. South Boulder Rd. Ste 214 Lafayette, CO 80026

Phone; 303-415-4340 Fax: 303-604-4662

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:	

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 Occupational Health Services 303-604-4662

Please inform your Workers Comp Insurance that you have designated OHS as your medical provider.

Company Contact Signature & Date _____

Processed by OHS(name/date) _____

After Hours Care provided at: **Foothills Emergency Department**

4747 Arapahoe Ave

Boulder, CO 80301

303-415-7000

Or

CMC Emergency Department

1000 W. South Boulder Rd

Lafayette, CO 80026

303-415-4300