



Account # 890002935

Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____ Job Description: _____

Company Information

Company: University Of Minnesota Occupational Health (Employee)

Contact Name: Erica Nystrom, Ellie Block

Address: Thompson Center for Environmental Management; 501 23rd Ave SE Minneapolis, MN 55455

Email: nyst0065@umn.edu; Molla008@umn.edu; uohs@umn.edu

Phone: 763-291-6693 (Erica) 612-807-7143 (Erica) Fax: 612-626-9643

Billing Information (Select One):

Third Party Administrator Company Pay Self Pay

Services Requested (Check all that apply):

- TB Testing:
 - Mantoux
 - Quantiferon
 - T-Spot
- Respirator Clearance:
 - PFT/Spirometry
 - Fit Testing (must be clean shaven)
 - OSHA Questionnaire only
- Vision
- Hearing:
 - Baseline
 - Annual
- Lab Work:
 - _____
 - _____
 - _____
- EKG
- Stress Test
- Immunizations/Titers:
 - TDap
 - Rabies/Series
- Physical:
 - Pre-Employment
 - DOT
 - Annual
 - Pre-Work Screen
 - Fit for Duty (must have job description & records)
 - Asbestos
 - Respirator Clearance
 - Medical Surveillance
 - Nurse Visit
 - Vital Signs
- Chest X-Ray
 - PA & Lateral
 - B Reader
 - PA

Additional Information:



Essentia Health

By signing below, Company is agreeing to the Terms and Conditions below.

Print Name _____ Date _____ Phone _____

Signature _____

Comments _____

Terms and Conditions

1. Authorization. Company authorizes Essentia Health, or an Essentia Health affiliate, to provide the services as indicated.
2. Payment. Company agrees to pay Essentia Health’s current rates for all services rendered within 30 days of invoice.
3. Compliance with Laws. Company and Essentia Health agree to comply with all applicable federal and state laws and regulations, including but not limited to HIPAA.
4. Use of Information. Company grants Essentia Health the right to retain and use information related to provision of the services, including but not limited to placing the information in Essentia Health’s medical record system and providing patient with a copy of their information.
5. Indemnification. Each party shall indemnify and hold harmless the other party against all liability or loss, and against all claims or actions based upon or arising out of actions by the indemnifying party.
6. Confidentiality. Both parties will handle the other party’s confidential information with reasonable care and agree never to use or disclose such information except as permitted under this Authorization or as necessary to carry out obligations under this Authorization.
7. Governing Law. This Authorization shall be governed and construed in accordance with the laws of the state of Minnesota, without regard to the choice of law principles thereof.
8. Entire Agreement. This Agreement sets forth the entire understanding of the Parties and may only be modified in writing signed by both Parties.

East Market: Send completed form **with your Employee** *or* **by email to the clinic** *prior to the appointment*
Duluth office; occmdeast@essentiahealth.org **or** **Virginia office:** clinicsupportstaff-virg@essentiahealth.org