



3437 Derek Dr Lake Charles, La 70607  
 Tel: 337-562-0835 Fax: 337-562-8985

## EMPLOYER QUESTIONNAIRE

### COMPANY INFORMATION

Company Name:		Number of Employees:
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Website:

### CONTACT PERSON

Name:		Title:
Phone:	Mobile:	Fax:      Secure: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail:		
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

### BILLING INFORMATION – EMPLOYER PAID SERVICES

Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

For your convenience, electronic funds transfer is available. Please email for information or submit your EFT documents with this form.

Employer is a participant of the Drug Free Work Force program:     Yes     No

### WORK COMP - INSURANCE CARRIER INFORMATION

Insurance Carrier Name:		Policy Number:
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

### THIRD PARTY ADMINISTRATOR INFORMATION (IF APPLICABLE )

Third Party Administrator Name:		
Address:		Attention:
City:	State:	ZIP Code:
Phone:	Fax:	Email:

Scan and Email completed form to [service@ilesmedicaltesting.com](mailto:service@ilesmedicaltesting.com)