

# Med-East Medical Walk-In Center

A Windham Hospital Partner



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Please complete the following information on all injury, company physical and drug screens for those employers currently not in the Medical Manager system: The information is extremely important for billing purposes. Thank you.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**If an injury, who is the insurance carrier:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing address if going to other than the company address and contact person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Other important information needed:**

\_\_\_\_\_ if an injury, ALWAYS call the company and get authorization to treat and to obtain all above information

\_\_\_\_\_ if an injury, please inform client that bills go directly to their insurance company

\_\_\_\_\_ if a DOT exam, self-pay or no company, collect check/money before paperwork or exam is done and use company self-pay.

\_\_\_\_\_ if one-time drug collection:

\_\_\_\_\_ must bring chain of custody

\_\_\_\_\_ some may bring own drug collection kit

\_\_\_\_\_ be sure that we have shipping information

When complete attach to copied portion of chart and leave in file marked for Sarah to complete.  
Thanks....Marie