



**Airport Medical Offices  
New Account Information**  
[www.airportmedicaloffices.com](http://www.airportmedicaloffices.com)

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

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

**Employer  
Phone:** \_\_\_\_\_

**Employer  
Fax:** \_\_\_\_\_

**Employer website/  
email:** \_\_\_\_\_

**Employer Human Resources contact &  
number:** \_\_\_\_\_

**Light Duty Program:**  
\_\_\_\_\_

**Drug  
Program:** \_\_\_\_\_

**MRO:** \_\_\_\_\_

**Lab:** \_\_\_\_\_

**Worker's Compensation  
Carrier:** \_\_\_\_\_

**Private Insurance  
Plan:** \_\_\_\_\_

**TPA:** \_\_\_\_\_

**Fax Duty Status to,  
at:** \_\_\_\_\_