

# **ROUTE 53 MEDICAL ASSOCIATES, LLC**

Phone (973) 359-8859  
Fax (973) 359-8860

891 Tabor Road (Route 53)  
Morris Plains, NJ 07950

## **COMPANY PROFILE**

(PLEASE TYPE OR PRINT)

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Company representatives authorized to send employees for services:**

Must also provide our authorization/request form completed in its entirety for each employee sent. The Authorization form is retrievable on line on our **Occupational/Industrial Medicine** page at <http://www.route53medical.com>

### **NAME – TITLE - Telephone/Fax**

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ / \_\_\_\_\_

**Please provide a secure fax # for Drug Screen and Breath Alcohol Test results with the name of a DER (Designated Employer Representative)**

**DER:** \_\_\_\_\_ **SecureFAX:** \_\_\_\_\_

**W/C Insurance Carrier (for work injuries)** \_\_\_\_\_

**W/C Insurance address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Claims to be sent to:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FORM COMPLETED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_