

Our providers will virtually triage your employee's injury and provide first aid recommendations or direct you to an appropriate care location.

Employer Information

- Name of company _____
- Location(s) of company _____
- Primary contact name _____
- Email address _____
- Total number of employees _____

Virtual Work Injury Triage Profile Information:

- Billing:
 - Contact person and phone number for billing related items:

 - Address of location and to whose attention the monthly invoice should be sent to:

- Follow-up location:
 - Name of occupational health clinic(s) that will be used for follow-up appointments:

- Clinical documentation:
 - List of names/email addresses of contacts who will receive clinical documentation of triage visits via secure email:

Thank you for your interest in our virtual work injury triage service.