yourPartner
in OCCUPATIONAL HEALTH

OSF CENTER for OCCUPATIONAL HEALTH

EMPLOYER DEMOGRAPHIC FORM

Company Name:	Company Address (street, city, state, zip):
Primary Employer Contact:	Primary Employer Contact Phone:
Primary Employer Contact Email:	Primary Employer Contact Fax:

Billing Information:

Billing Contact (company name and contact person):	Billing Phone:
Billing Address (street, city, state, zip)	Billing Fax:
Billing Email:	
Workers Compensation Contact (company name and contact person):	WC Contact Phone:
Workers Compensation Billing Address (street, city, state, zip):	WC Email:

Check-Out Instructions:

Responsible Party for Results:	Responsible Party Phone:
Responsible Party Email:	Responsible Party Fax:
Preferred method to receive results: ☐ E-Mail ☐ Phone ☐ U.S. Mail ☐ Fax	
Special Check-Out Instructions:	

OSF Center for Occupational Health & Wellness
719 WM Kumpf Blvd. Suite 100 Peoria, IL 61605 Hours: M-F 6:30am-5:00pm
Phone: 309-624-8525 Fax: 309-624-8524 Email:
OccupationalHealth.Peoria.Sales@osfhealthcare.org

"Serving with the Greatest Care and Love"