

Broadmoor Medical Clinic  
1299 Lake Plaza Drive, Colorado Springs CO 80906  
T# (719) 527-1728 F# (719) 527-1749  
[www.broadmoormedical.com](http://www.broadmoormedical.com)

Employer Protocol

Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

T# (\_\_\_\_\_) \_\_\_\_\_ F# (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Authorized Designated Employer Representative(s)**

Primary \_\_\_\_\_ Title \_\_\_\_\_

\*Alt \_\_\_\_\_ Title \_\_\_\_\_

\*\*Is your fax secure: \_\_\_\_\_ *yes* \_\_\_\_\_ *no*

\*\*\*\*\*

**Insurance Information**

Carrier Name \_\_\_\_\_

Address \_\_\_\_\_

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

T# (\_\_\_\_\_) \_\_\_\_\_ F# (\_\_\_\_\_) \_\_\_\_\_

Policy# \_\_\_\_\_

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What occupational medical services does your company currently utilize?

\_\_\_ Workers Comp \_\_\_\_\_ Post-offer services

\_\_\_ Government requested testing \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Signature of Designated Employer Representative

\_\_\_\_\_  
Date