



1555 W Street Road, Warminster, PA 18974
(Warminster Square Shopping Center)
Mon-Fri 9am-8pm, Sat 10am-5pm, Sun 10am-7pm
Phone: 215 293 9560; Fax: 215 293 9562

Welcome to Keystone Medical & Urgent Care

Keystone Medical provides much more than Urgent Care. Take advantage of our broad range of employer solution to help keep business going strong

No appointment Needed | Open 7 days a Week

Keystone Medical & Urgent Care provides the resources for employers for occupational medicine and worker's compensation. If you are a small business or a large corporation, we can handle your medical needs. Our medical providers aim to prevent diseases and promote wellness among workers.

Occupational Services

Everything you need for a safe, healthy work force

- Pre-employment Physicals
- EKG
- X-ray
- Laboratory testing
- School Bus Driver Exams
- Flu Immunizations
- Drug & alcohol Testing
- Respiratory Fit Testing
- Pulmonary Function Testing
- Vision & Hearing Screening
- Tuberculosis Screening
- Vaccinations

Schedule on-site clinics for flu shots, drug screenings, and physical & maximize workplace safety and risk prevention.

Employers Can Benefit Too!

Do not pay for high costs and long waits of the ER. Our urgent care is right for your organization. Your employee could walk in, be treated, and return to work in under an hour. The time and cost savings could be substantial. That's why our urgent care is the answer for your organization and a smart alternative to the ER.

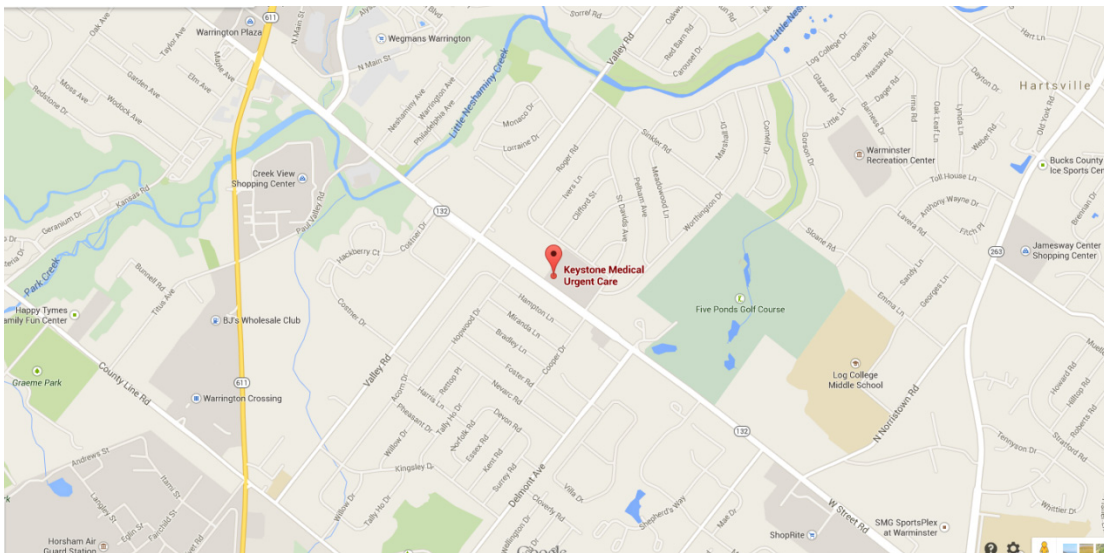
Our medical providers are trained to treat your employee's work-related injuries and complete employee fitness assessments. Our providers can treat your work related medical emergencies including burns, lacerations, sprains & strains & broken bones.

Please contact us at 215-293-9560 to register your company with Keystone Medical & Urgent Care, visit our website at www.keystonemedicaluc.com, or stop by for a tour of our facility.

*Courtesy Shuttle Service Available
For Transportation to and from our facility*

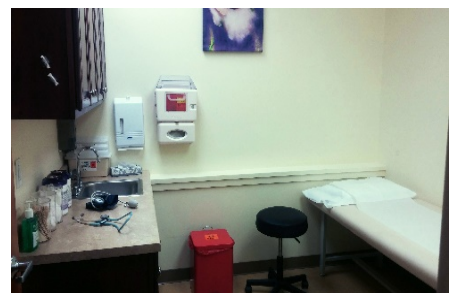
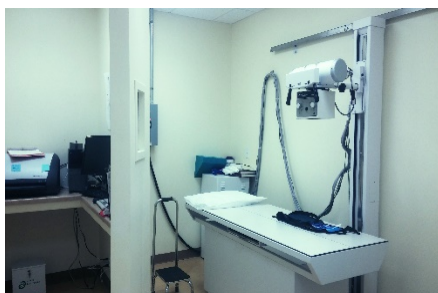
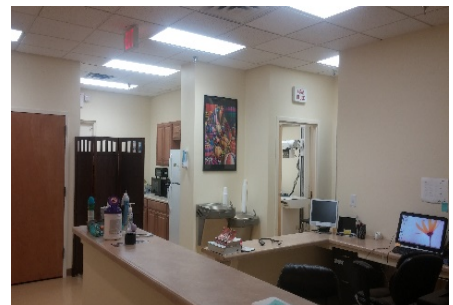


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We are conveniently located in the Warminster Square Shopping Center at 1555 W. Street Road in Warminster, Pennsylvania, between St David's Avenue and Valley Road, near the Five Ponds Golf Course

Facility Pictures





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OCCUPATIONAL MEDICINE/WORK COMP REGISTRATION FORM

PATIENT INFORMATION

Social Security #: _____ Date: _____

NAME: _____ D/O/B: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

EMPLOYMENT

Employer: _____ Work phone: _____

Address: _____

Name of Primary Contact Person: _____

Contact Email: _____ FAX: _____

Payer Information (Work Comp only)

Worker's Comp Carrier: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____

Contact Person: _____

Claim #: _____ Date of injury: _____

EMPLOYER AUTHORIZED TREATMENT FOR INITIAL INJURY/SERVICES: YES NO Initials: _____

AUTHORIZATION FOR PHYSICAL EXAM AND/OR TESTING

I authorize Keystone Medical Urgent Care, LLC to examine and treat me for a work-related injury or pre-employment/diagnostic evaluation and/or perform diagnostic testing which may include obtaining a specimen(s) for my urine saliva or blood for chemical analysis, in accordance with requests by the company with which I am employed, or with which I am seeking employment. The purpose of this is to evaluate my abilities to perform essential job functions, or to determine or exclude the presence of drugs, alcohol or other substances, in accordance with the substance abuse policy of the employer. I understand that these tests and/or physical examination results will be released to authorized personnel only. I, therefore, consent to these tests for diagnosis, substance use, and/or physical examination for treatment and/or employment. I understand that a copy of today's findings will be released to my employer, which may include drug, alcohol, mental and physical health information. I understand that decisions may be made concerning my current work status or application for employment as a result of these tests or physical examination.

Signature of Employee/Patient

Date



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EMPLOYER PREFERENCE QUESTIONNAIRE

Please answer the following questions so we may best serve your needs:

- Pre-Employment Physicals
- DOT Physicals
- Worker's Compensation Treatment
- Other: _____
- Drug Screen:
 - Rapid pre-employment urine drug screen w/o confirmation testing
 - Rapid pre-employment urine drug screen w/ confirmation testing
 - MRO or lab of choice: _____
 - Post Accident Drug Screen
- Yearly Employee Physicals
- Breath Alcohol Testing

Contact Person: NAME: _____
 Address: _____
 PHONE: _____ CELL: _____
 EMAIL: _____
 FAX: _____ Secure: YES / NO
 Preferred Method of Contact: _____

Who may we contact with our recommendations to hire or retain:

- Phone Call following exam
- Fax
- Mail

How would you like to be notified of NEGATIVE rapid pre-employment and/or post-accident urine drug screens?

- MAIL
- FAX
- PHONE
- Notify: _____
- Routine to send confirmation of any negative results to this lab: _____

How would you like to be notified of NON-NEGATIVE rapid pre-employment and/or post-accident urine drug screens?

- MAIL
- FAX
- PHONE
- Notify: _____

An injured employee must present an Employer Authorization Form to be seen. If they come without that form, do you require authorization before the injured employee is:

- Evaluated: YES NO
- Treated: YES NO

If yes, who should we contact for verbal authorization: _____ at _____



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KEYSTONE MEDICAL URGENT CARE FEE SCHEDULE EMPLOYERS/WORKER'S COMPENSATION

PHYSICAL EXAMS

| | |
|----------------------------|-------|
| DOT & CDL PHYSICAL | \$100 |
| SCHOOL BUS DRIVER PHYSICAL | \$50 |
| PRE-EMPLOYMENT PHYSICAL | \$45 |

TESTS

| | |
|---|------|
| URINE DRUG SCREEN (10 PANEL) | \$40 |
| ALCOHOL SCREENING | \$20 |
| VISION SCREENING | \$10 |
| HEARING SCREENING | \$25 |
| EKG | \$30 |
| X-RAY (CHEST)* other X-ray studies per request | \$75 |
| PULMONARY FUNCTION TESTING | \$40 |
| OSHA RESPIRATOR CLEARANCE | \$65 |
| RESPIRATORY FIT TEST | \$65 |
| URINE DRUG SCREEN (6 PANEL) | \$20 |
| URINE DRUG SCREEN (12 PANEL) * Additional charge for verification | \$45 |

VACCINES

| | |
|----------------------------|-------|
| FLU | \$20 |
| HEPATITIS B (3 doses each) | \$150 |
| PNEUMOCOCCAL | \$210 |
| TETANUS | \$76 |
| PPD | \$25 |
| HEPATITIS A (2 DOSES) | \$110 |
| MENINGITIS (EACH) | \$190 |

BLOODWORK

| | |
|--------------------------|------|
| CBC w/ diff | \$10 |
| Lipid Panel | \$20 |
| Complete Metabolic Panel | \$30 |



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DATE: _____

CONTRACT #: _____

Urgent Care Contract Agreement

This letter will confirm our understanding concerning the terms of retainer and nature of services to be provided by Keystone Medical & Urgent Care. These terms are as follows:

1. TERM. This agreement will be for the period of 1 year commencing _____ (start date).

Either of us may terminate this agreement with thirty (30) days written notice to the other party and Keystone Medical Urgent Care will

2. DUTIES. Keystone Medical & Urgent Care duties will include the following:

- Pre-employment physical and Drug screens
- Emergency medical care for injuries and Post Accident Drug Screens
- _____ (other)

3. Reimbursement. The compensation of Keystone Medical & Urgent Care services shall be based upon the rate agreements listed in Appendix A of this contract. Compensation shall be paid within (4) weeks of services rendered.

In Witness Whereof, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf effective as of the date entered below:

FOR KMUC:

BY: Linda A. Bailey, PA-C

Linda A. Bailey, Practice Manager
Keystone Medical Urgent Care

Date: _____

FOR COVERED ENTITY:

By: _____

NAME: _____

TITLE: _____

Date: _____

WORK INJURY PROTOCOL

Follow these steps for injuries:

- Make sure the employee and other people are safe.
- Call 911 if it's a serious injury, chemical exposure, or loss of consciousness.
- Tell your supervisor what caused the injury.
- Write up an incident report with the date, time, and details of what happened.
- Update Human Resources for the work comp insurance claim.
- Call Keystone Medical Urgent Care at **215-293-9560** so they know you are coming. The nurse will tell you which documents to bring.

www.keystonemedicalus.com

Warminster Square Shopping Center
1555 W. West Street Road
Warminster, PA 18974

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