



South Suburban Occupational Medicine

Jeffry N. Gerber, M.D., Level II Certified

7780 South Broadway • Suite 250 • Littleton, Colorado 80122



Director of Risk Management
Workmans' Compensation

Dear Risk Manager,

On behalf of the staff and myself, I want to welcome you to our practice. I invite you to explore the Occupational Medicine services we offer.

We have been providing services to the South Metro Denver region since 1993. With this experience you can trust that we will provide only the best and most timely medical care to your workers, while striving to control costs.

Our practice is small so that we can provide personalized care for your company and workers. We are committed to developing a long-term relationship with you.

Please take a moment to fill out and return the enclosed company profile so that we will have all of your company's information in our system.

If you have any questions or would like to stop by to see our office, please do not hesitate to contact me. I look forward to hearing from you and wish to thank you for considering us.

All the best,

Jeffry N. Gerber, M.D., Medical Director



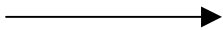
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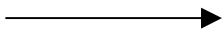
SCOPE OF SERVICES

Injury Management:



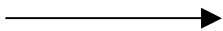
- Traditional medical model and patient activation methods, which promote early return to work and rapid recovery. Utilizing caring and listening techniques, Kathryn L. Mueller, M.D., the Medical Director of the state Division of Workers' Compensation, refers to this technique as reactivation, focusing on patient well behavior and function
- Comprehensive network of diagnostic centers, specialists, PT, OT, Chiropractic and others available
- Impairment ratings
- X-ray on site

Personal Service:



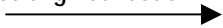
- Small practice with personalized care
- Dr. Gerber is the medical director / owner and manages all office policies
- Case management directly through Dr. Gerber with twenty-four hour medical coverage
- Local Physician committed to developing long term relationships with employers, workers, insurers and community
- Accommodating to individual needs of small, medium and large companies
- Translation services available

Cost Containment:



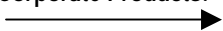
- Pinnacol Select Net, rated as cost competitive, both for medical expenses and lost wage compensation

Strong Foundation:



- Knowledge of the Occupational Medicine System in Colorado since 1993
- 18 years treating musculoskeletal disease and injured workers
- Level II certified with the state division of labor. Board certified Family Medicine
- Pinnacol Select Net

Corporate Products:



- Pre-employment, Post-offer, and DOT physicals
- Drug testing and MRO services
 - Pre-employment, post accident and random drug testing
 - In-office 5 panel rapid urine screen with conformation
 - Breath alcohol testing (BAT), Blood alcohol level
- Safety education programs and consultations



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COMPANY PROFILE

FULL COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
MAIN PHONE: _____ FAX: _____
PERSON(S) AUTHORIZING TREATMENT: _____
CONTACT PHONE NUMBERS: _____
NUMBER OF EMPLOYEES: _____ TYPE OF BUSINESS: _____

WORK COMP INSURANCE BILLING INFORMATION

NAME OF INSURANCE CARRIER: _____ POLICY #: _____
CARRIER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
SPECIAL BILLING INSTRUCTIONS: _____

OTHER SERVICES REQUESTED

_____ POST ACCIDENT DRUG SCREEN _____ PRE-EMPLOYMENT DRUG SCREEN
_____ PRE-EMPLOYMENT PHYSICAL _____ DOT PHYSICAL
_____ OTHER: _____

Before your injured worker leaves our office we will give him/her a copy of the Work Status Sheet listing work restrictions if any, next appointment with Dr. Gerber, and scheduled appointments for other health care providers. We will also fax a copy of the Work Status Sheet to you and the insurance carrier.

PERSON COMPLETING FORM: _____ TITLE: _____
SIGNATURE: _____ DATE: _____

SOUTH SUBURBAN OCCUPATIONAL MEDICINE

7780 South Broadway, Suite 250
Littleton, Colorado 80122

Jeffrey N. Gerber, M.D.

Ph: 303-346-9490
Fax: 303-346-9309

MEDICAL AUTHORIZATION

Today's Date: _____

Patient's (Worker's) Full Name: _____

Please Specify Services

Medical Treatment

Date Of Injury: _____

Injury Description: _____

Workers Comp Insurance Name: _____

Drug Testing (PICTURE ID REQUIRED)

5 Panel Rapid Urine

Post Accident Pre-employment Random Other

Breath Alcohol (BAT)

DOT Urine

Other Services

Physical

Electrocardiogram

DOT Exam

Pulmonary Function

Hearing

TB

Additional Requests: _____

Company Name: _____

Phone: _____ Fax: _____

Authorized By (Print): _____

Signature: _____

Contact Info (If different from above): _____

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MEDICAL AUTHORIZATION

Today's Date: _____

Patient's (Worker's) Full Name: _____

Please Specify Services

Medical Treatment

Date Of Injury: _____

Injury Description: _____

Workers Comp Insurance Name: _____

Drug Testing (PICTURE ID REQUIRED)

5 Panel Rapid Urine

Post Accident Pre-employment Random Other

Breath Alcohol (BAT)

DOT Urine

Other Services

Physical

Electrocardiogram

DOT Exam

Pulmonary Function

Hearing

TB

Additional Requests: _____

Company Name: _____

Phone: _____ Fax: _____

Authorized By (Print): _____

Signature: _____

Contact Info (If different from above): _____
