Urgent Care - Family Medicine
Occupational Medicine - Worker’s Compensation

EMPLOYER PACKET
EXPERIENCE THE FUTURE OF OCCUPATIONAL MEDICINE TODAY

ACCESS MEDICAL ASSOCIATES

URGENT CARE

WALK-IN INJURY AND ILLNESS CARE

OCCUPATIONAL MEDICINE

WORKER’S COMPENSATION

PHYSICAL THERAPY

YOUR NEW CORPORATE HEADQUARTERS FOR HEALTHCARE
Access Medical Associates offers a complete line of occupational health and worker’s compensation products for your business.

**SUBSTANCE TESTING**

DRUG TESTING: Drug testing is mandated for federal employees, and safety-sensitive employees in regulated federal industries, most of which falls under the regulatory authority of the U.S. Department of Transportation (“Part 40”). Unregulated testing, such as specific workplace drug testing programs, pre-employment testing, and occupational health programs provide a deterrent effect, a dramatically improved applicant pool, a low turnover rate, and a good return on investment.

1. Pre-employment Screening
2. Random Testing
3. Reasonable Cause
4. Post-Accident Screening
5. Saliva Ethanol Testing
6. On-Site Medical Review Officer (MRO) Services

**PHYSICAL EXAMINATIONS**

1. Pre-employment
2. Commercial Driver’s License (DOT)
3. OSHA
4. Respirator
5. HAZMAT
6. Independent Exam
7. Company Specific
8. ADA “Reasonable Accommodation” Consulting

**WORKER’S COMPENSATION**

1. ARCON Digital Functional Capacity Exams (FCE) - See Insert
2. Injured employee assessment and treatment
3. Return/fitness for duty examination
4. Limitation/alternate return to work
5. Physical therapy and rehabilitation
6. Digital Neuromuscular Re-education
7. ‘Own-Occ’ or ‘Any-Occ’ Testing

**IMMUNIZATION AND TESTING**

1. Influenza
2. Pneumonia
3. Hepatitis B
4. Lyme Testing
5. Travel Immunizations
6. TB Testing
WE PARTICIPATE WITH THE FOLLOWING INSURANCE PLANS

Aetna
  HMO
  PPO
American Whole Health
Amerihealth
  HMO
  POS
  PPO
Beechstreet /Medichoice
CHN
Cigna
  HMO
  PPO
Devon
First Health/CCN
  HMO
  PPO
First Managed Care Option
Great West
GHI
Healthcare Payers Organization (HPO)
Healthcare Payers Coalition (HPC)
Healthnet/Landmark
Horizon Blue Cross Blue Shield
HMO
PPO
Direct Access
Humana
Integrated Health Plan
Intergroup
Medicare
Metracomp Workers Comp
  Concentra
  Focus Network
  AIG

Multiplan
  New Jersey Manufacturers
  NJ Carpenters Fund
One Health Plan
  Operating Engineers Local 825
  Oxford
    Freedom
    Liberty
  Great West
  Procura PPO
  Qualcare
  Railroad Medicare
  Unicare
    United Healthcare
      HMO
      PPO

If we are not in your company’s workers comp carrier, we will join to service your needs.
**Overview**

**Access Medical Associates is:**

- A multi-specialty medical facility that brings together a network of commonly needed outpatient medical, worker’s compensation, occupational, and rehabilitation services to one location.

- Interlocks those services so that you have the convenience of many physicians and specialists who work together with a corporate contact manager, to provide a level of care and convenience rarely found in one place.

- A medical practice that is there when you need it, including evenings and weekends, with no appointment necessary. Our staff is committed to decreasing waiting times, anxiety, and lost time at work.

- Our medical staff is available to discuss your employee’s injury and work status with your company contact, and will provide timely information to insurance carriers when appropriate.

- A caring and competent staff, which will be responsive to YOUR needs.

- Available for on-site consultations, and wellness program development.

**About the Medical Staff:**

Our physicians are board certified in Emergency Medicine, Internal Medicine, or Family Medicine; chosen not just for their medical skills, but their *people* skills as well.

**DIGITAL and Designed For Your Business**

Access Medical Associates was ‘born digital’ to rapidly take care of the paperwork so the doctor can spend time with their patients. Physician notes, reports, discharge instructions and prescriptions are all computer generated and easy to read.

Digital FCE testing and Neuromuscular Re-education, give objective, accurate results.

Access Medical Associates uses ARCON digital functional evaluation equipment – the “gold standard” in FCE testing. Digital testing can decrease claims and absenteeism and expedite early return to pre-injury duty. The evaluation process is objective, consistently applied and produces valid, reproducible results. Digital testing provides a baseline for the rehabilitation process and evaluation of progress made.
Services We Provide

No Appointment Necessary:

URGENT CARE

Falls/Back and Neck Injuries
Lacerations/Abrasions/Insect Sting
Sprain/Fracture/Splints/Casts
Work Injuries/Motor Vehicle Accidents

OCCUPATIONAL MEDICINE/WORKER’S COMPENSATION

Pre-employment Physicals
Employee Drug Screening
Saliva Alcohol Testing
Digital Functional Capacity Exams (by appointment)
Commercial Driver’s License Exams and Re-certifications (DOT)

FAMILY MEDICINE/INTERNAL MEDICINE

Diabetes/ Hypertension
Spirometry/EKG

‘LOW-DOSE’ X-RAY

LABORATORY SERVICES

By Appointment:

PHYSICAL THERAPY
CHIROPRACTIC
MASSAGE THERAPY

…and MUCH MORE
Return to Work Form

SAMPLE

Date of This Evaluation: _____/_____/_____

Employee’s Name: ______________________________________________________________

Date of Injury: _____/_____/_____ or Onset of Illness: _____/_____/_____

Diagnosis: _____________________________________________________________________

STATUS:

___ Unable to work from: _____/_____/_____ to _____/_____/_____  

___ Off work for ______ [days / weeks]

___ May return to work on: _____/_____/_____ [now]

___ Needs follow-up or specialty referral, duty status undeterminable at this time.

To follow-up on _____/_____/_____ or referred to __________________________

RESTRICTIONS:

EMPLOYEE MAY:

___ Stand or walk: ___1-2 hrs. /day ___2-4 hrs. /day ___4-6 hrs. /day ___6-8 hrs. /day

___ Sit: ___1-2 hrs. /day ___2-4 hrs. /day ___4-6 hrs. /day ___6-8 hrs. /day

___ Climb: ___1-2 hrs. /day ___2-4 hrs. /day ___4-6 hrs. /day ___6-8 hrs. /day

___ Use hands: ___Right ___1-2 hrs. /day ___2-4 hrs. /day ___4-6 hrs. /day ___6-8 hrs. /day

___ Left ___1-2 hrs. /day ___2-4 hrs. /day ___4-6 hrs. /day ___6-8 hrs. /day

EMPLOYEE MAY NOT:

___ Use R L: ___hand ___wrist ___elbow ___shoulder
Use R L: foot ankle knee hip

EMPLOYEE MAY NOT:

- push pull lift any object greater than ___5 lbs. ___10 lbs. ___20 lbs. ___30 lbs.
- No lifting over head
- No use of power equipment or machinery
- No activities requiring alertness
- No driving

OTHER:

- elevate extremity whenever possible
- ice packs for 15 minutes every 1-2 hours
- use sterile dressing at all times, change daily, sooner if wet or dirty
- apply Neosporin with dressing change do not apply Neosporin
- keep wound clean and dry
- use splint, sling, brace or other device during working hours
- all the time until ____/____/____ or until re-evaluation in ____days / weeks
- may loosen at night or open to apply ice

Seek medical attention if increased pain, swelling, pallor, blue, or greater than 5 seconds until fingernail or toenail turns pink after pressing until white on affected extremity. (capillary refill).

Medications: ________________________________________________________________

- cause drowsiness should be taken with food

Follow-Up Care: ____________________________________________________________

Physician: ________________________________________________________________

I HAVE RECEIVED BOTH WRITTEN AND VERBAL INSTRUCTIONS ABOVE AND UNDERSTAND.
Authorization for Medical Services

SAMPLE

COMPANY NAME:_________________________________________ PHONE:______________________

PATIENT’S NAME: _________________________________________DATE: _______________________

I hereby certify that the above named company is requesting and authorizing medical testing and or treatment for the above employee or prospective employee, and is accepting responsibility for payment of services rendered unless services are covered by worker’s compensation or patient’s private insurance carrier. (Not required if employee or prospective employee is responsible for payment of bill at time of service).

AUTHORIZED BY:________________________________________________________________________

Please Print Name                                                                  Signature

DESCRIPTION OF INJURY/COMMENTS: ______________________________________________________

SPECIAL INSTRUCTIONS:________________________________________________________________

SERVICES REQUESTED:

____PHYSICAL EXAM:   ____CDL   ___Pre-Employment   ___Post-Accident   ___HAZMAT

___Crane Operators   ___Return to Work (Fit-for-Duty)   ___Respirator Clearance

___Other:____________________________________________________________________________

___URINE DRUG SCREEN:   ___DOT- Chain of Custody   ___Non-DOT Chain of Custody

___Point-of Care Testing (In-House Dip)   ___5 Panel   ___10 Panel

___HAIR DRUG SCREEN

___SALIVA ALCOHOL TESTING

___FUNCTIONAL CAPACITY EXAMINATION (FCE) - APPOINTMENT REQUIRED

___WORKER’S COMPENSATION   Is light duty available?   ___Yes   ___No (check one)

___OTHER: ___________________________________________________________________________
No Appointment Necessary

LOCATION
BRANCHBURG COMMONS
BUILDING #1
3322 ROUTE 22 WEST
BRANCHBURG, NEW JERSEY 08876

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HOURS OF OPERATION
8 AM – 9 PM  
MONDAY – FRIDAY
8 AM – 5 PM  
SATURDAY & SUNDAY