Chipley Chiropractic
Home of the Whiplash Pro

Dr. Julian Chipley
Beckley • 409 N. Kanawha St. • 304-252-0200
Dr. Melissa McMillen
Beckley • 1555 Harper Rd. • 304-252-5999
Business Office: 409 N. Kanawha St, Beckley WV 25801 Phone 304-252-0200 • Fax 304-252-0256

Re: DOT Medical Fitness Exams

The Following Business wishes to set up an account for payment of Occupational related services with Chipley Chiropractic PLLC.

Business Name: _____

Mailing Address:

_____

_____

_____

Supervisor / Designated Employee Representative (DER): _____

Fax: _____

Email: _____

I, the undersigned, am an agent/ employee of the above listed company. I have the authority to authorize payment for Occupational Services performed at Chipley Chiropractic, PLLC. I further agree to pay for any associated reasonable and necessary fees for occupational services performed by Chipley Chiropractic. I understand that payment of exam does not guarantee passing of the exam and that I / the company is still responsible for the exam fee should an employee not be deemed medically fit. Finally, I agree that I/ the company will pay Chipley Chiropractic within 15 days of receipt of billing statement.

Signed by: _____

Title: _____

Date: _____

Desired Method for Receiving Testing Results: Mail E-Mail Fax
(Circle One)