



New Client Registration Form

Please complete the following form. This will enable us to quickly register any injured employee from your company. This will also serve as a starting point to registering Prevention services. Please FAX or EMAIL this completed form back to (207) 553-9069 or clientservices@behc.net. Client Relations will follow up with a call or email if we need additional information. Thank you.

Company Name _____

Address: _____

Phone: _____

Fax: _____ **secure:** _____

Email: _____

Worker's Compensation Carrier/TPA: _____

Number of Employees: _____

Industry: _____

Safety Program: _____

Company Contact for Prevention Services: _____

Company Contact for Injury Management _____

Please write a brief description of services in which your business is seeking:

Have you ever had a Worker's Compensation Preferred Provider? _____