



YOUR IMMEDIATE CARE CENTERS™ from GEORGIA EMERGENCY ASSOCIATES

EMPLOYER'S AUTHORIZATION FOR EXAMINATION and/or TREATMENT

Employer must complete this form prior to the employee visit. **Employee** must present photo ID at time of service.

| | |
|---|----------------------|
| Employer Company Name | |
| Patient Name | Patient SSN/ID# |
| Employer Physical Address | |
| Employer Billing Address | |
| Contact Name | Contact Title |
| Contact Work Phone | Contact Mobile Phone |
| Contact E-Mail | Contact Fax |
| Best Form of Contact <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other: | |
| Authorization Signature | Visit Date |

BILLING INFORMATION

Bill EMPLOYER (see Employer Billing Address above)

EMPLOYEE to pay at time of Service

Bill WORKERS' COMPENSATION Insurance Company / TPA*:

Ins. Co. _____

Policy # _____

Phone _____

Contact _____

Claim # _____

DRUG and ALCOHOL TESTING SERVICES

REASON FOR TESTING:

Post-Accident Random

Pre-employment Reasonable Suspicion

DOT New Certification DOT Recertification

TEST REQUIRED:

DOT Drug Screen

Instant 5-Panel Urine Screen

Instant 10-Panel Urine Screen

Hair Follicle Testing

Non-DOT Specimen Collection only

Breath Alcohol Test

WORK-RELATED INJURY CARE

Date of Injury: _____

Evaluate and Treat Light Duty is Available

Be sure to indicate Drug Screen and/or Breath Alcohol Test required under *DRUG and ALCOHOL TESTING SERVICES*

Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA?

Y N N/A

OCCUPATIONAL MEDICAL SERVICES

DOT Physical – New Certification

DOT Physical – Recertification

Non-DOT Physical (Standard)

Non-DOT Physical (Employer Provided)

Fit For Duty Evaluation (Physical + PPE)

Job Title/Desc _____

Audiogram

Pulmonary Function Test (PFT)

Chest X-Ray

Lumbar Spine X-Ray

EKG

TB Test

Nicotine Test

Flu Shot

Hepatitis Vaccine (circle) A B Both

Other _____

REPORTING RESULTS

Fax paperwork to employer

E-mail paperwork to employer

Call employer

Give all paperwork to employee

Give DOT card/Instant Screen Results Card only

SPECIAL INSTRUCTIONS
