St. Joseph's/Candler URGENT CARE

SOUTH GEORGIA IMMEDIATE CARE CENTER

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 Bulloch County Board of Commissioners	
Patient Name	Patient SSN/ID#
Employer Physical Address 115 N. Main Street, Statesboro, GA 30458	
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458	
Employer PRIMARY Contact Name Thomas Capper	Employer PRIMARY Contact Title Risk Management Technician
Employer PRIMARY Work Phone (912)764-0100	Employer PRIMARY Mobile Phone
Employer PRIMARY Contact E-Mail tcapper@bullochcounty.net	Employer PRIMARY Contact Fax (912)764-4609
Employer PRIMARY Contact Best contact: ☐ Work Phone ☐ Mobile Phone ■ E-mail ☐ Fax ☐ Other:	
Employer DER Name: Thomas Capper	Employer DER Best Contact: tcapper@bullochcounty.net
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 # _____

Address _____

Phone _____

Contact _____

Claim # _____

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

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

_____

_____

DRUG and ALCOHOL TESTING SERVICES

REASON FOR TESTING:

- ■ Post-Accident
- ☐ Pre-employment
- ☐ DOT New Certification
- ☐ Random
- ☐ Reasonable Suspicion
- ☐ DOT Recertification

TEST REQUIRED:

- ☐ DOT Drug Screen
- ☐ 5-Panel Urine Screen
  - ☐ Instant
  - ☐ Lab-based
- ■ 10-Panel Urine Screen
  - ■ Instant
  - ☐ Lab-based
- ☐ Hair Follicle Testing
- ☐ Specimen Collection only
- ■ Breath Alcohol Test

OCCUPATIONAL MEDICAL SERVICES

- ☐ DOT Physical – New Certification
- ☐ DOT Physical – Recertification
- ☐ Non-DOT Physical (Standard)
- ☐ Non-DOT Physical (Employer Provided)
- ☐ Fit For Duty Evalutaion (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 _____