



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)259-9707	Employer PRIMARY Mobile Phone
Employer PRIMARY Contact E-Mail HR@bullochcounty.net	Employer PRIMARY Contact Fax (912)764-4609
Employer PRIMARY Contact Best contact: <input type="checkbox"/> Work Phone <input type="checkbox"/> Mobile Phone <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> 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*:

Contact ACCG Claims Please mail all medical bills to:
CareWorks
ATTN: ACCGSIWCF
2000 Malory Lane
Suite 130-324
Franklin, TN 37067

TEL: 404.614.2553 | 877.421.6298
FAX: 678.225.4240 | 888.221.4079
EMAIL: accgclaimsmail@accg.org

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

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
Please forward all results/documents to: HR@bullochcounty.net
AND tcapper@bullochcounty.net