



# MEDICAL CARE AUTHORIZATION FORM – Broken Arrow

Approved First Responder for Non-Emergencies  
 Med Now  
 503 S Aspen (145<sup>th</sup> St)  
 Broken Arrow, OK 74012  
 918-286-6331

Emergencies or After Hours  
 St John's Hospital – BA  
 100 W Boise Circle  
 Broken Arrow, OK 74012  
 918-994-8000

## TO BE COMPLETED BY EMPLOYER

*Brooke Folsom*

Employer Northeastern State University DER Contact Ph: 918-444-2234/Fax: 918-458-2302

Employee Name \_\_\_\_\_

Nature of Injury \_\_\_\_\_ Body Part(s) \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

**Urine Drug Screen (non DOT)**   X   9 panel send out

Reason For Testing   X   Post-accident      Reasonable Suspicion (observed/not observed)

**Breath Alcohol (non DOT)**

Reason For Testing      Post-accident      Reasonable Suspicion (observed/not observed)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN

Diagnosis \_\_\_\_\_

Treatment \_\_\_\_\_

Post accident drug screen performed?      Yes      No

O.K. to return to regular duty on \_\_\_\_\_

Return to see me on \_\_\_\_\_

O.K. to work light duty beginning \_\_\_\_\_

with the following limitations \_\_\_\_\_

Unable to return to work until \_\_\_\_\_

***I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and complete.***

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization applies to initial evaluation only. Any subsequent treatment, diagnostics, DME's or referrals need to be preauthorized by Consolidated Benefits Resources.

**Notice Prescriptions:** If prescriptions are appropriate, please give the patient a written prescription. Prepackaged prescriptions are not authorized.

## PLEASE FORWARD THE COMPLETED ORIGINAL FORM AND YOUR BILL

Consolidated Benefits Resources, L. L. C.	(918) 594-5170
P.O. Box 581630	(800) 826-0419 toll free
Tulsa, OK. 74158-1630	(918) 594-5171 fax
	(888) 594-5171 toll free fax