MEDICAL CARE AUTHORIZATION FORM

Approved First Responder Facility	After Hours
Xpress Wellness Urgent Care 503 S. Aspen (145th St) Broken Arrow, OK 74012 918-286-6331	St. John's Hospital - BA 100 W. Boise Circle Broken Arrow, OK 74012 918-994-8000

TO BE COMPLETED BY EMPLOYER

Employee Name _____

Nature of Injury _____ Body Part(s) _____

Date of Injury _____ Time of Injury _____

Authorized Personnel Signature _____ Date: _____

Title: _____ Employer: **Northeastern State University, Office of Safety Services**

Phone: 918-444-2426 Fax: 918-458-2436

Instructions for Physician

Please perform:

- [X] **Urine Drug Screen- 9 Panel Send Out**
- [ ] **Breath Alcohol (non-Dot)**
- [X] **Reason for testing Post Accident/Reasonable Suspicion Observed/Not obtained**

TO BE COMPLETED BY PHYSICIAN

Diagnosis _____

Treatment _____

- [ ] O.K. to return to regular duty on _____
- [ ] Return to see me on _____
- [ ] O.K. to work light duty beginning _____

with the following limitations _____

(Note: It is the philosophy of this company to provide modified duty work when possible.)

- [ ] 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.

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

PLEASE FORWARD YOUR BILL AND RECORDS TO:

Rising Medical Solutions
Attn: Consolidated Benefits Resources (CBR)
Post Office Box 572, Milwaukee, WI 53201
Telephone: 866-274-7464

**Employee-Please return completed form to University Policy Department attn: Safety Services*