

## MEDICAL CARE AUTHORIZATION FORM

### Approved First Responder Facility

NEO @ NSU Campus  
529 North Oak Avenue  
Tahlequah, OK 74464  
918-444-2126

### After Hours

Northeastern Health Systems  
1400 E. Downing  
Tahlequah, OK 74464  
918-456-0641

### 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:

- ☐ Urine Drug Screen- 9 Panel Send Out
- ☐ Breath Alcohol (non-Dot)
- ☐ 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*