

TREATMENT AUTHORIZATION



AUT



A Dignity Health Member

We are authorizing the below listed U.S. HealthWorks(s) to provide treatment to our employees. By doing so, we acknowledge that if the claim is denied by our insurance carrier, we will notify USHW of the denial and will be responsible for payment for all services rendered and any medically-necessary items dispensed.

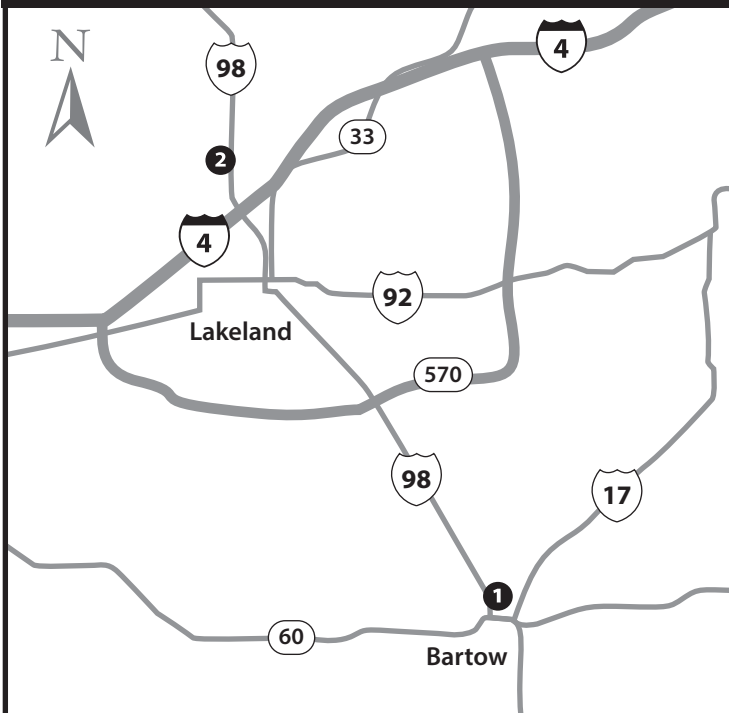
POLK COUNTY

1. BARTOW

1750 N Broadway
Bartow, FL 33830
Ph: (863) 533-2030
Fx: (863) 519-9096
Mon-Fri: 8 am - 5 pm

2. LAKELAND

5040 US Hwy 98 N
Lakeland, FL 33809
Ph: (863) 859-3511
Fx: (863) 858-9641
Mon-Fri: 7:30 am - 5 pm



Company Name		Employer #
Primary Contact Name		
Address Line 1		
City	State	Zip
Ph	Fx	
Ph (after hrs/cell)	Email	

EMPLOYEE DETAILS

PATIENT NAME:	DATE:	TIME:	AM / PM
DEPARTMENT:	POSITION:		
DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TEMP AGENCY:		
AUTHORIZED BY: NAME (print):	PHONE:		
TITLE:	AFTER HRS / CELL PHONE:		
SIGNATURE:	() VERBAL AUTHORIZATION		

INSURANCE

INSURANCE COMPANY NAME:	
CLAIMS ADDRESS:	
PHONE:	EFFECTIVE DATE:
POLICY #:	EXPIRATION DATE:

SERVICES

<input type="radio"/> INJURY: DATE OF INJURY:	LAST WORKED:
INJURED BODY PART:	CLAIM #:
<input type="radio"/> RETURN-TO-WORK EVALUATION:	
<input type="radio"/> PHYSICAL EXAM TYPE:	PROTOCOL #:
<input type="radio"/> DRUG/ALCOHOL TEST - specify type and reason/purpose below:	PROTOCOL #:
TYPE: <input type="checkbox"/> DOT DRUG TEST <input type="checkbox"/> DOT BREATH ALCOHOL TEST Agency (required): _____ <input type="checkbox"/> NON-DOT DRUG TEST <input type="checkbox"/> NON-DOT BREATH ALCOHOL TEST <input type="checkbox"/> INSTANT DRUG TEST	REASON/PURPOSE: <input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> RANDOM <input type="checkbox"/> REASONABLE SUSPICION <input type="checkbox"/> POST-ACCIDENT <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FOLLOW UP <input type="checkbox"/> POST-INJURY

Perform test before: Date: _____ Time: _____ AM / PM

* PICTURE ID REQUIRED FOR DRUG TEST