



## Worker's Compensation/On the Job Injury Authorization Form

- Complete all sections entirely- ONLY services on this form will be completed.
- Authorizations must be obtained for Erlanger Express Care to Provide Treatment.
- ALL services require photo identification to be provided by employee at time of service.

This is authorization to provide medical services to: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

<u>Employer Information</u>	<u>Patient Injury Info</u>	<u>Authorization Information</u>
Employer Name:	Injured Body Part(s):	What restrictions can be met?
Address:	Date of Injury:	Notes for the Provider:
Phone #:	<u>Drug/Alcohol Testing</u>	Authorizer Title:
Fax#:	Urine Drug Screens:	Phone #:
<u>Insurance Carrier</u>	oCollection Only/Donor will bring COC	Email Address for Work Status Note:
Name:	oTNDP	Authorizer Printed Name:
Address:	o10 Panel Rapid	Authorizer Signature:
Claim #:	o10 Panel Send Out	Employee Signature:
If not available has claim been reported? oYES oNO	oDOT Panel	
Adjuster Name:	oOther_____	
Fax#:	oBreath Alcohol Test (Market Street location only)	
Phone#:	oSaliva Alcohol Test (Gunbarrel location only)	

Completed Authorization Forms Can be Faxed or Emailed to:

Market Street- 423-541-5124	bryce.wilson@erlangerepresscare.com
Gunbarrel Road-423-541-5104	akeyia.mcdaniel@erlangerepresscare.com
Ringgold- 706-760-4943	lindsay.roden@erlangerepresscare.com
Hixson- 423-541-8620	karen.whitaker@erlangerepresscare.com
Cleveland-423-250-3686	
Soddy Daisy-423-541-5145	
Ooltewah-423-910-4059	