You can send authorization with your staff member, by fax, or by email to HFJOccmed@hfhs.org

OCCUPATIONAL HEALTH
100 E. Michigan Avenue, Suite 101
Jackson, Michigan 49201
Phone: (517) 205-7766
Fax: (517) 205-7767
Emergency Dept. Phone (517) 205-4811
Emergency Dept. Fax (517) 205-6420

Authorization for Treatment and Billing

Employee Name: Date of Birth:

Company Name:

Company Address: City: State: Zip:

Employer Representative: Phone: Fax:

Company Representative Signature: Date:

Preferred Communication for Lab/Drug results: ☐ Fax # (secure): ☐ Email Address:

Billing address (if different than above):

Address: City: State: Zip:

If Billing to WC Carrier (must include information for treatment):

Insurance Carrier Name: Adjuster Name:

Address: City: State: Zip:

Claim # Adjuster Phone: Adjuster Fax:

SERVICES REQUESTED

Physical Examinations:

☐ DOT
Staff needs to bring (if applicable):
- A1C (last 3 months)
- CPAP Report (6 months)
- Heart Condition:
  - Echocardiogram (12 months)
  - Stress Test (12 months)

☐ Basic Physical
☐ Return to Work
☐ Fitness for Duty
☐ Respirator Physical
☐ MCOLES Physical
☐ **Work Injury:**_____

Other:

☐ TB Testing
☐ Audiogram
☐ Vision Exam
☐ Immunization_____
☐ Titer Type_____
☐ Pulmonary Function (PFT)
☐ Respirator Questionnaire
☐ X-Ray_____
☐ Lift Test
☐ Other _____

Drug/Alcohol Testing Options (choose 1 or 2)

1. **HFAH Lab (Collection, Results, MRO (if needed))**
   - ☐ Breath Alcohol Test ☐ DOT ☐ Non-DOT
   - ☐ DOT Urine Drug Screen (5-panel)
   - ☐ Rapid Urine Drug Screen **5** panel (Non-DOT)
     *Rapid positive results will be sent out for confirmation testing
   - ☐ Rapid Urine Drug Screen **4** panel (Non-DOT)
     *Rapid positive results will be sent out for confirmation testing
   - ☐ 4-Panel Standard Urine Drug Screen (Non-DOT)
   - ☐ 5-Panel Standard Urine Drug Screen (Non- DOT)
   - ☐ 6-Panel Standard Urine Drug Screen (MCOLES)
   - ☐ 10-Panel Standard Urine Drug Screen (Non-DOT)
   - ☐ Hair Drug Screen 5 panel
2. **Your Company Consortium / Lab (We Collect Only – Resulted directly to you from your appointed lab)**
   - ☐ Breath Alcohol Test ☐ DOT ☐ Non DOT
   - ☐ Urine Drug Screen ☐ DOT ☐ Non DOT
   - ☐ Hair Drug Screen

CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby give consent to Henry Ford Allegiance Health Occupational Health and the attending physician for examination and treatment. I also authorize release of information pertaining to this specific treatment, physical examination and testing to my employer or entity that ordered and authorized these tests. In the event that I am subject drug and alcohol testing, I hereby give my consent to Henry Ford Health System Occupational Health Services to take samples and further give consent to the same facility to forward the sample to the laboratory to perform drug testing on such samples. I further give my permission to release the result of such test(s) to Henry Ford Allegiance Occupational Health Services and authorized company management.

Employee Signature:_____ **Date:**_____

Please do NOT bring children to the clinic or we will need to reschedule your appointment.

Thank you

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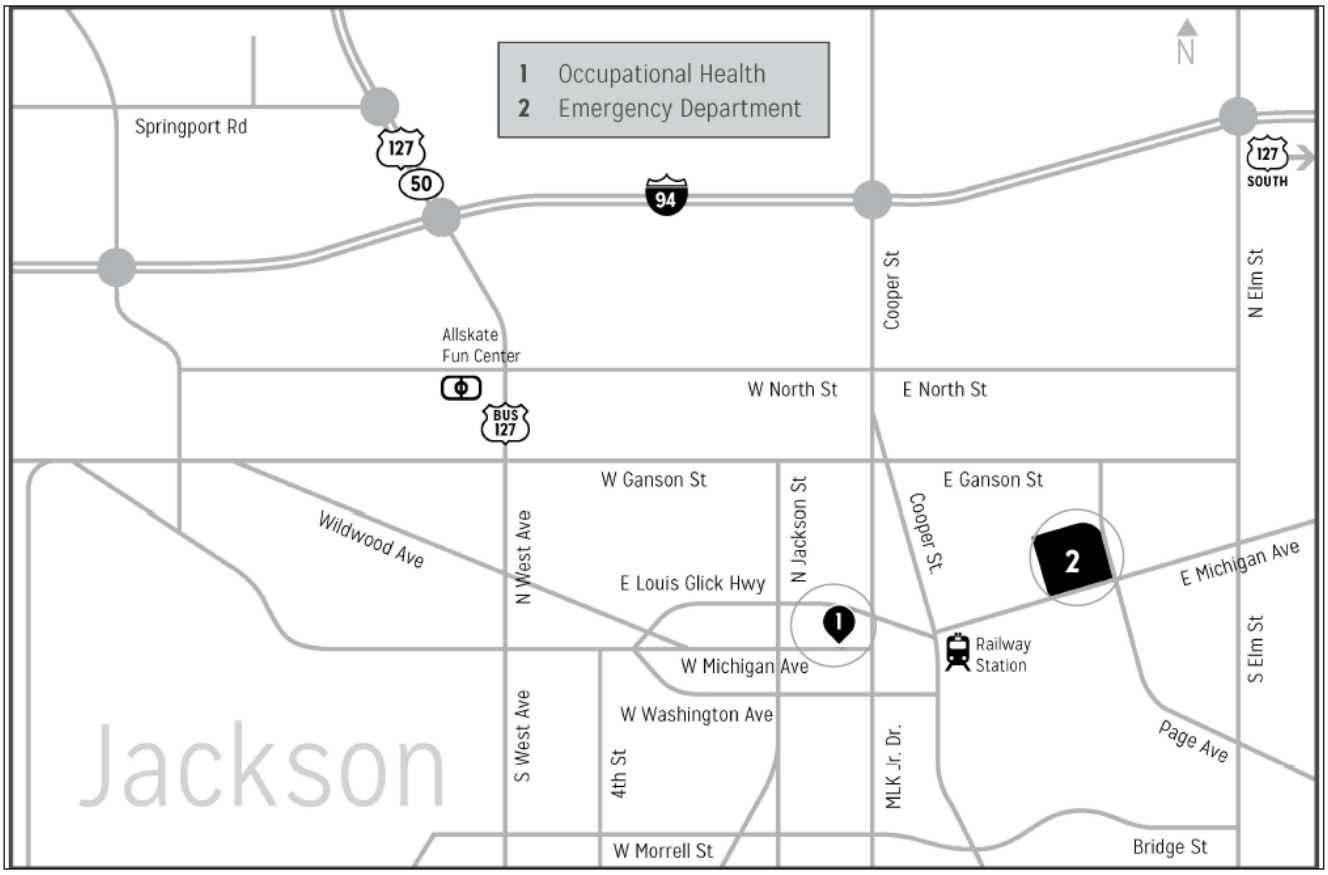
How to Find Us



Thank you for your business!

Occupational Health Hours are Monday through Friday, 730am-5pm

For injuries after 5:00 p.m., please report to:

Henry Ford Jackson Emergency Care
205 N. East Avenue

NOTE: **If going to the Emergency Room, please be sure to fax, OR send a signed copy of this authorization with your staff member.**

This will help us ensure we are treating your staff as needed and billing correctly.