

## Authorization Form

### Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Call one of our locations for an appointment. All appointments will be seen before walk-in patients. Any service arriving after 4 p.m., including injuries, can be provided an appointment for the next business day. All drug tests require a photo ID. Children and visitors are not allowed in exam rooms or testing areas.

### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ Male  Female  Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### INJURY CARE TREATMENT

Injured area: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Claim number: \_\_\_\_\_

Insurance company/Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_

### DRUG TEST

#### DOT

FAA FMCSA FRA FTA

PHMSA

USCG

Non-DOT 5 Panel 10 Panel

Instant 5 Panel 10 Panel

#### Hair Testing

Reason for testing: \_\_\_\_\_

### ALCOHOL TEST

DOT  Non-DOT

Reason for testing: \_\_\_\_\_

Physical exam: DOT Fit for duty Post offer Respirator physical  
Return to work Silica exam

Agility test: Job title: \_\_\_\_\_

Audiogram

PFT

EKG

Vision: Color vision Near Snellen

Fit Test: Must be clean shave

Questionnaire: Review only

PPD test: Return for reading within  
48-72 hours of placement

Titers:  
\_\_\_\_\_

Vaccine: \_\_\_\_\_

Chest X-ray: 1 view

2 views

The services selected above are authorized for payment by the stated employer. We acknowledge that if the insurance denies a worker compensation claim, all services rendered will be paid until NKC Health is notified of the denial. This includes all products dispensed. Only services selected will be completed. This authorization expires within 72 hours of the date listed below. See testing information at the bottom of this page. Patient cannot be tested or treated without authorization.

NKC Health Campus  
2700 Clay Edwards Dr., Ste. 120  
North Kansas City, MO 64116-3220  
816.346.7400 | [nkchealth.org/OccMed](http://nkchealth.org/OccMed)

Independence Location  
4200 Little Blue Parkway., Ste. 300  
Independence, MO 64057  
816.691.1800 | [nkchealth.org/independence](http://nkchealth.org/independence)