TREATMENT AUTHORIZATION

U.S. HealthWorks MEDICAL GROUP
The Right Care, Right Away

We are authorizing the below listed U.S. HealthWorks location to provide services to our employees:

U.S. HEALTHWORKS MEDICAL GROUP LOCATED AT:

ADDRESS: 1124 Harrisburg Pike, Carlisle PA 17013

PHONE: 717-245-2411

FAX: 717-245-9230

EMPLOYER NAME: Dickinson College

EMPLOYER# (if applicable):

EMPLOYER ADDRESS: PO Box 1773, Human Resource Services, Carlisle PA 17013

PRIMARY CONTACT NAME: Human Resource Services

PH: 717-245-1503

PH (after HRs/Cell): 717-245-1349 (Public Safety)

FAX: 717-245-1785

EMAIL:

EMPLOYEE DETAILS

DATE:

TIME: ☐ AM OR ☐ PM

PATIENT NAME:

DEPARTMENT:

DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? ☐ YES ☐ NO

NAME OF TEMP AGENCY:

AUTHORIZED BY: NAME (PRINT):

PHONE:

TITLE:

AFTER HRS / CELL PH:

SIGNATURE:

☐ VERBAL

INSURANCE

INSURANCE COMPANY NAME: SISCO

CLAIMS ADDRESS: PO Box 42737, Baltimore, MD 21284

PHONE#: 888-377-7263

EFFECTIVE DATE:

POLICY #:

EXPIRATION DATE:

SERVICES

☐ INJURY: DATE OF INJURY:

LAST WORKED:

INJURED BODY PART:

CLAIM #:

☐ RETURN-TO-WORK EVALUATION

☐ PHYSICAL EXAM TYPE:

PROTOCOL #:

☐ DRUG/ALCOHOL TEST. SPECIFY TYPE AND REASON/PURPOSE BELOW

PROTOCOL #

TYPE:

☐ INSTANT DRUG TEST
☐ NON-DOT DRUG TEST
☐ DOT DRUG TEST
(CIRCLE BRANCH FMCSA FAA FTA FRA PHMSA USCG)

☐ NON-DOT BREATH ALCOHOL TEST
☐ DOT BREATH ALCOHOL TEST

REASON/PURPOSE:

☐ POST-OFFER
☐ POST-ACCIDENT
☐ RETURN TO DUTY
☐ REASONABLE SUSPICION
☐ RANDOM
☐ POST-INJURY

NOTE: PICTURE ID REQUIRED FOR DRUG TESTING

Thank you for choosing U.S. HealthWorks Medical Group!