

# TOTAL ACCESS URGENT CARE

## Med Auth Form

### 1) Visit Type

- Occ Med
- Work Comp (Specify Body Part) \_\_\_\_\_

### 2) Registration

Employee	Authorizing Official
Employee Name _____	Name (Printed) _____
Employee SSN _____	Name (Signature or Verbal) _____
Date of Injury _____	Date _____

By signing or verbally authorizing this authorization, the above referenced company acknowledges and agrees that it is fiscally responsible for all incurred charges, whether work related or non-work related. Charges may be submitted to the above referenced company's Worker's Compensation carrier at the company's discretion but failure to submit charges to the Worker's Compensation carrier does not relieve the company of the responsibility for these charges.

#### Company Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_

Secure Fax \_\_\_\_\_

Authorizing Official's Email \_\_\_\_\_

#### Who will be Paying this Claim?

- Company Directly       Company's Insurance Carrier

If Company's Insurance Carrier is paying, fill info below.

Insurance Name \_\_\_\_\_

Claim Number \_\_\_\_\_

Insurance Contact/Title \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

### 3) Evaluation Information

#### Visit Reason (Select 1)

- Pre-Employment
- Random
- Reasonable Suspicion
- Post-Accident
- COVID-19 Swab
- Other (Write Below)
- \_\_\_\_\_

#### Drug Screen and/or Breath Alcohol? (Up to 2)

- DOT Drug Screen
- Non-DOT 5-Panel Drug Screen (Rapid/Default)
- Non-DOT 5-Panel Drug Screen (Send-Out)
- Non-DOT 10-Panel Drug Screen (Rapid/Default)
- Non-DOT 10-Panel Drug Screen (Send-Out)
- Breath Alcohol Test

#### Extra (Employer's Choice)

- Flu Shot
- Hep A
- Hep B
- Physical
- PPD (TB Skin Test)
- Other (Write Below)
- \_\_\_\_\_

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

TAUC Registrar Initials: \_\_\_\_\_