

# TOTAL ACCESS URGENT CARE

## Med Auth Form

### 1) Visit Type

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

### 2) Registration

#### Employee

Employee Name \_\_\_\_\_

Employee SSN \_\_\_\_\_

Date of Injury \_\_\_\_\_

#### Authorizing Official

Name (Printed) \_\_\_\_\_

Name (Signature or Verbal) \_\_\_\_\_

Billing/HR Contact \_\_\_\_\_

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 ☐ Unknown

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)

- ☐ 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)
- ☐ Non-DOT Breath Alcohol Test

#### Should the Selected Drug Screen be Observed?

- ☐ Yes
- ☐ No

#### Extra (Employer's Choice)

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

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

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