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____________________	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**

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)	**Drug Screen and/or Breath Alcohol? (Up to 2)**	**Extra (Employer's Choice)**
☐ Pre-Employment	☐ Non-DOT 5-Panel Drug Screen (Rapid/Default)	☐ Flu Shot
☐ Random	☐ Non-DOT 5-Panel Drug Screen (Send-Out)	☐ Hep A
☐ Reasonable Suspicion	☐ Non-DOT 10-Panel Drug Screen (Rapid/Default)	☐ Hep B
☐ Post-Accident	☐ Non-DOT 10-Panel Drug Screen (Send-Out)	☐ Physical
☐ COVID-19 Swab	☐ Non-DOT Breath Alcohol Test	☐ PPD (TB Skin Test)
☐ Other (Write Below)		☐ Other (Write Below)
____________________		____________________

Date:__________________ TAUC Registrar Initials: ______________

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