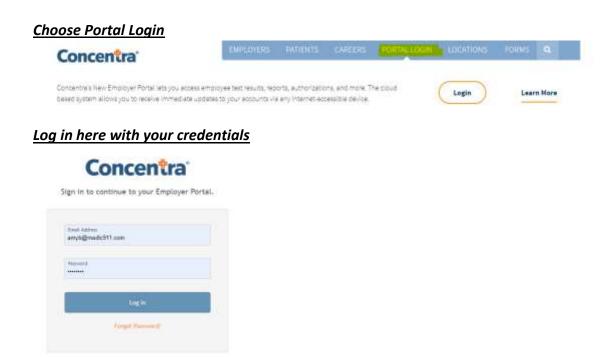
Go to this website:

https://www.concentra.com/occupational-health/telemedicine/



Once logged in choose New Authorization



This screen will come up

Location Info

Employer: City of Charlotte-Injury Care

In which geographic area will the patient be treated?

Select a Geographic Area *		IC - Charlotte		
Which location does the employee wo	_]
Select Location * Select a Location *	Med	lic (Mecklenburg	EMS Agency)	
	Injured Emplo	yee Information I	Here	,
Personal Info	×			
Patient First Name *	Patient Last Nar	ne *	Date of Birth *	—
Select a Patient ID		ose Driver's Licens I prompt you to)	se, then add DL #	and State
Select a Patient Contact Method		ose Email or Pho e (employee preferer		nformation
Processing Info				
Staffing Agency / PEO	Alternate ID	Alternate ID		
Must list agency or PEO if visit is to be admitted under that account.		nment issue is to be used, list esent photo ID at time of	\	
Continue	Cancel	Dol	Nothing Her	' e

Submit by hitting continue and the form will be submitted to Concentra.

The employee can then log into the portal and have their visit.