

## **Authorization for Treatment**

Employee Name:	
Employer Company Name: MEDIC	TPA TPA Name: Sedgwick
440E Wilkingon Dlyd	TPA Address: P.O. Box 14436
Company Address: 4425 Wilkinson Bivu Charlotte, NC 28208	Lexington, KY 40512-4436
Company Contact: Amy Broughton	TPA Contact: Jim Thomas
Company Phone: <u>704-943-6095</u>	TPA Phone:704-423-2070
Physical Examinations	
☐ Post-offer (C0055) ☐  Job Position for Evaluation:	Other, Explain:
□ DOT Physical (C002) □ Post DOT Follow-up (C0086) □	
Drug Screen Collections/Alcohol Screenings	
Reason: Choose One: Service Type-Verify service is on contract:	
☐ Pre-employment ☐ DOT (C0026) ☐ Breath Alco	ohol (C0013) Rapid Urine Drug Screening *pre-employment only
Random Non-DOT Urine Drug Sci	reens: 6 Panel (C0077) 10 Panel (C0083)
Post-accident 5 Panel (0	Other.
☐ 9 Panel (0	Blood Alcohol (Cool 1)
<u> </u>	*Must provide COC Hair Collection (C0081)
Workers' Compensation	
Injury: Date of Injury:	
Other Comments or Instructions: Please fax treatment note and work status note ASAP to Sedgwick at 704-423-6225	
and to Amy Broughton/MEDIC at 704-943-6229. NOTE: Any follow up treatment of a non-emergency nature	
will be scheduled with Concentra.	
Other Services	
Audiometry (C009)	
Spirometry (C0065)  (select locations only)  EKG (C0034)  Hepatitis B Vaccine Series (C0043)  Lab Tests, Explain:	

Print

**Authorizing Signature** 

Date