



EMPLOYER AUTHORIZATION FOR TREATMENT

MUST CALL FOR APPOINTMENT-NO WALK IN SERVICES AVAILABLE

Please Complete Section 1 and 3 and sign Attach the form to the email requesting a visit. A paper copy can also be sent with employee.

Section 1: To be Completed by Employer

Employee Name _____

Employee Phone _____

Testing Locations Requested for this employee

<input type="checkbox"/>	901 S. State St. Davison, 810-214-1763 davison.nowclinic@mclaren.org	<input type="checkbox"/>	3270 West Silver Lake Road, Fenton, 810-208-7765 Fenton.nowclinic@mclaren.org
<input type="checkbox"/>	1309 S. Mission Street, Mt. Pleasant; 989-317-3883 mtpleasant.nowclinic@mclaren.org	<input type="checkbox"/>	410 E. Jolly Road, Lansing 517-993-5319 Lansing.nowclinic@mclaren.org
<input type="checkbox"/>	931 S. Saginaw, Midland, 989-423-1768 midland.nowclinic@mclaren.org	<input type="checkbox"/>	2131 W. Grand River, Okemos, 517-657-2249 okemos.nowclinic@mclaren.org
<input type="checkbox"/>	1301 N. US Highway 31, Petoskey 231-489-8185 petoskeynorth.nowclinic@mclaren.org	<input type="checkbox"/>	710 S. Spring St, Petoskey, 231-489-8343 petoskeysouth.nowclinic@mclaren.org
<input type="checkbox"/>	830 N. Van Dyke Rd. Bad Axe, 989-623-0882 badaxe.nowclinic@mclaren.org		

Section 2: To be Reviewed by the employer.

Guarantor: Central State Community Services 2603 West Wackerly Street Suite 201 Midland, MI 48640

Scheduling Parameters: within 24 hours of offer.

Clearance goes to: Kari Conner kconner@cscsmi.com

Visit Instructions: Employer will select appropriate service when submitting this form:

Provider Visit EH02

TB skin test EH07

Special Instructions: If both services are checked bill both codes if only 1 service checked bill for only that service.

Section 3: Additional Visit Services

This Employee will need additional services not listed above (check all that apply additional fees associated)

<input type="checkbox"/>	UDS 10 Panel	<input type="checkbox"/>	2 nd TB test	<input type="checkbox"/>	QuantiFERON Gold TB Test	<input type="checkbox"/>	Vision-Snellen
<input type="checkbox"/>	UDS 9 Panel	<input type="checkbox"/>	Antibody Testing	<input type="checkbox"/>	Focused functional Assessment	<input type="checkbox"/>	Color Vision Screening
<input type="checkbox"/>	Hep B	<input type="checkbox"/>	Basic First Aid	<input type="checkbox"/>	Exposure Testing	<input type="checkbox"/>	Fit for Duty Testing
<input type="checkbox"/>	FIT Test Respirator	<input type="checkbox"/>	Vaccination	<input type="checkbox"/>	Behavioral health screen	<input type="checkbox"/>	Other

Signature: _____ Date: _____

Printed Name: _____

Employee should come prepared with photo ID, eyeglasses for vision testing or physical exams, and a full bladder for urine drug screens.