



# CONCENTRA MEDICAL CENTERS

## EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Company Name: University of Maryland, Baltimore Date of Birth: \_\_\_\_\_

Dept /Street Address: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Temporary Staffing Agency: Under State of Maryland Contract

### WORK-RELATED INJURY ILLNESS

Post-Accident Substance Abuse Testing:

- Drug Screen
- Breath Alcohol
- Drug Screen and Breath Alcohol
- Urine Collection Only
  
- DOT Regulated
- Non-regulated

### DOT PHYSICAL

- Preplacement
- Recertification
- Exit
- Audiogram
- Regulated Drug Screen
- Urine Collection Only
- Breath Alcohol

### PRE-PLACEMENT EVALUATION

Job Title: \_\_\_\_\_

- Physical Exam
- HPE
- Regulated Drug Screen
- Non-regulated Drug Screen
- Urine Collection Only
- Hair Collection
- Audiogram

### SUBSTANCE ABUSE TESTING

- Regulated
- Non-regulated
- Urine Collection Only
- Rapid Test
- Pre-placement
- Reasonable Suspicion
- Random
- Periodic
- Post-accident
- Follow-up
- Breath Alcohol

### SPECIAL PHYSICAL EXAMINATIONS

- Asbestos
- Respirator
- Hazmat
- Baseline
- Other \_\_\_\_\_

### BILLING

- Employee to pay charges at time of service
- Workers' Compensation
- Insurance Co: \_\_\_\_\_
- Policy #: \_\_\_\_\_
- Phone #: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Call Dept. contact for credit card payment authorization**

(copies of this form available at [www.concentra.com](http://www.concentra.com))

