CareNow Urgent Care

Work CompTreatment Authorization Form

For Employer Paid Service, go to next page
Employee must present authorization form and government issued Photo ID at time of service.

Account Code: 16913

Patient Info

Name:	Job Title:
SS#:	DOB:

Employer Info

Name: BASTROP COUNTY		E-mail: chelse.peterson@co.bastrop.tx.	
Phone: 512-581-7108		Fax:	
Address: 804 PECAN ST	City: BASTROP	State: TX	Zip: 78602

Work-Related Injury

Claim Number:	Date of Injury:	Body Part(s) Authorized to Evaluate/Treat:

Insurance Carrier Name: Sedgwick	Assigned Adjuster Name:
Insurance Carrier Phone Number: 1-800-752-6301	Direct Phone Number:
Fax Number:	Email Address:

Is a **post-accident** drug screen and/or breath alcohol test required? (Check all that apply):

☐ **No Post-Accident Testing Required** ☐ DOT Breath Alcohol Test ☒ Non DOT Breath Alcohol Test

Drug Screen: ☐ Standard: 5-Panel 10-Panel (Circle one) ☒ Rapid: 5-Panel **10-Panel** (Circle one) ☐ DOT Drug Screen ☐ Other Panel

Reason for Drug & Alcohol Test: ☒ Post-Accident **Authorized By:** ☒ Employer ☐ Insurance Carrier

eScreen Acct #: 39804 -1918

EMPLOYER AUTHORIZATION:
I authorize CareNow® Urgent Care to provide work related accident services and understand that my company (listed above) will be financially responsible for all services rendered to the patient (listed above).

Chelse Peterson	*Chelse Peterson*	
Employer Representative (Print Name)	Employer Representative Signature	Date

Please contact our occupational medicine department to add or change services at **CareNowOccMed@HCAhealthcare.com**

Scan here for clinic hours and to find a location, or go to **CareNow.com**

☐ **CLINIC USE ONLY:** VERBAL AUTHORIZATION RECEIVED BY THE ABOVE LISTED EMPLOYER REPRESENTATIVE

CareNow Employee (Print Name)	CareNow Employee Initials	CareNow Location	Date