

# Authorization for TREATMENT



Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Authorization Good Through: \_\_\_\_\_

## Employer

Employer or Third Party Administrator (TPA): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Services Available

### Drug Screen Collections/ Alcohol Screenings:

Reason (check all that apply)

- Urine DOT (CO026)
- Non-DOT
- DOT/Non-DOT  
Collection Only  
(CO027)
- Breath Alcohol (CO012)  
/Confirmation (CO013)

### Reasons:

- Pre-employment
- Random
- Post Accident
- Just Cause

### Urine Drug Screening:

- 5 Panel (CO029)
- 9 Panel (CO028)
- 10 Panel (CO083)
- 12 Panel

\*Must provide COC

### Rapid Urine Drug Screening:

\*pre-employment only

- 6 Panel (CO029)
- 10 Panel (CO078)

### DOT Drug Screen:

- Urine DOT (CO026)

### Choose 1:

- FAA
- FMCSA
- FRA
- FTA
- HHS
- NRC
- PHMSA
- USCG

### Physical Examinations:

- Pre/Post-offer Atrium Forms  
(CO055)

Job Position for Evaluation:

\_\_\_\_\_

- DOT Physical (CO02)

- Post DOT Follow-up  
(CO086)

- Respirator Clearance  
Physical (CO056)

- Fit Testing (CO158)

### X-rays (Pre-employment/ Post-offer):

- Chest X-ray PA&Lat  
(CO020)

- Chest X-ray PA Only  
(CO021)

### Other Services:

- PPD/Tuberculosis  
Testing (CO082)

- Respirator Clearance  
Questionnaire (CO062)

- Hepatitis B Vaccine  
(CO043)

- EKG (CO034)

- Hepatitis B Titer  
(CO040)

- Audiometry (CO09)

- Spirometry (CO065)

- Tuberculosis Blood Test-  
QuantiFERON (CO148)

- Tetanus Vaccine  
(CO048)

- Lab Tests, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If others, explain: \_\_\_\_\_

Send documents after visit (yes/no): \_\_\_\_\_ If yes, list specific documents: \_\_\_\_\_

If yes, send documents to (name and fax or email): \_\_\_\_\_

## Required for All Workers' Compensation Visits

Injury Description: \_\_\_\_\_

Workers' Compensation Injury Treatment Date of Injury: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Where are claims to be filed?  Bill Employer  Insurance Carrier W/C Carrier Name: \_\_\_\_\_

W/C Carrier Address: \_\_\_\_\_

W/C Carrier Phone: \_\_\_\_\_ W/C Carrier Fax: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Occ Med Direct Bill Information**

Bill Established Employer Account (account must be current – no past due balance)

Bill New Credit Card Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_ Card Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Card Type:  Visa  Mastercard  Discover  American Express

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Atrium Health Urgent Care and Occ Med Locations | Effective March 1, 2023**

**Rome**

302 Shorter Avenue  
Rome, GA 30165  
706-291-3700

**Rockmart**

1650 Chattahoochee Drive  
Rockmart, GA 30153  
770-684-6100

**Summerville**

11766 Highway 27  
Summerville, GA 30747  
706-857-1010

**Calhoun**

251 Ga. Highway 53  
Calhoun, GA 30701  
706-625-4410

**Cartersville**

1328 Joe Frank Harris  
Pkwy. Cartersville, GA  
30120 770-382-0029

**Cedartown**

1025 North Main Street  
Cedartown, GA 30125  
770-748-0076

**Centre**

**Atrium Health Floyd Cherokee  
Medical Center Rural Health  
Clinic Centre**

391 Northwood Drive Centre, AL 35960  
256-927-7412