

## EMPLOYER AUTHORIZATION FOR SERVICES

- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> <b>Westchase</b><br>11969 Sheldon Rd.         | <input type="checkbox"/> <b>South Tampa</b><br>3301 W. Gandy Blvd.            | <input type="checkbox"/> <b>Carrollwood</b><br>4505 Gunn Hwy                | <input type="checkbox"/> <b>Wesley Chapel</b><br>5504 Gateway Blvd.             | <input type="checkbox"/> <b>Brandon</b><br>799 W. Lumsden Rd.     |
| <input type="checkbox"/> <b>Tyrone</b><br>3251 66 <sup>th</sup> St. N. | <input type="checkbox"/> <b>Seminole</b><br>7601 Seminole Blvd.               | <input type="checkbox"/> <b>Sun City Center</b><br>16521 US Hwy 301 S.      | <input type="checkbox"/> <b>Fish Hawk</b><br>5464 Lithia Pinecrest Rd.          | <input type="checkbox"/> <b>Apollo Beach</b><br>6182 N. US Hwy 41 |
| <input type="checkbox"/> <b>Riverview</b><br>11406 US Hwy 301 S.       | <input type="checkbox"/> <b>Tarpon Springs</b><br>40545 US 19 <sup>th</sup> N | <input type="checkbox"/> <b>Downtown at the Heights</b><br>303 W. Palm Ave. | <input type="checkbox"/> <b>Downtown on Water Street</b><br>564 Channelside Dr. |   |

Employee Name: \_\_\_\_\_ Employee Date of Birth: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Employer Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Existing Account:  Yes  No Would you like us to contact you to set up an account?  Yes  No

### Choose Bill To

- |   |                     |  |
|---|---------------------|--|
| <input type="checkbox"/> Employee Self Pay    |                     |  |
| <input type="checkbox"/> Employer Paid        | Attention To: _____ | Via (email, fax, mailing address): _____ |
| <input type="checkbox"/> Workers Compensation | Carrier: _____      | Contact Information: _____               |

### Workers Compensation

- Injury Treatment-Date of Injury: \_\_\_\_\_
- Post-Accident Drug Testing *(If urine drug screening is required, please complete section below)*
- WC Claim Number: \_\_\_\_\_
- Insurance Used: \_\_\_\_\_
- Post-Accident Alcohol Testing       Breath Screen
- Saliva Screen       Other: \_\_\_\_\_

### Physical Examination Needed

- Select Type of Physical Required:
- Pre-employment
- DOT Physical
- U.S. Coast Guard (Form Required)
- None
- Other: \_\_\_\_\_

### Urine Drug Screening Needed

- |  |  |
|--|--|
| <b>Select Type of Screen Required (Select One Only):</b> | <b>Select Reason for Screen:</b>                     |
| <input type="checkbox"/> Rapid 5-panel                   | <input type="checkbox"/> Pre-employment              |
| <input type="checkbox"/> DOT                             | <input type="checkbox"/> Reasonable Suspicion/Cause  |
| <input type="checkbox"/> Traditional Non-DOT             | <input type="checkbox"/> Follow-up                   |
| <input type="checkbox"/> Single Cup 5-panel              | <input type="checkbox"/> Random                      |
| <input type="checkbox"/> Single Cup 10-panel             | <input type="checkbox"/> Workers Compensation Injury |
| <input type="checkbox"/> Split Cup 5-panel               | <input type="checkbox"/> Return to Duty              |
| <input type="checkbox"/> Split Cup 10-panel              | <input type="checkbox"/> Other: _____                |

### Titers Needed

- Select Type:**
- Hepatitis A       Hepatitis B
- MMR       Varicella
- None
- Other: \_\_\_\_\_

### Vaccinations Needed

- Select Type:**
- Hepatitis A       Hepatitis B
- MMR       Varicella
- Tetanus – TD       PPD-TB
- 2-Step PPD       None
- Other: \_\_\_\_\_

### Additional Services Needed

- Select Type:**
- EKG       Urinalysis
- Chest X-Ray       L-Spine X-Ray
- Breath Alcohol Screening
- None
- Other: \_\_\_\_\_

I authorize TGH Urgent Care powered by Fast Track to treat the employee listed above for the services selected.

Revised 10/2021©

Authorized Designated Employee Representative \_\_\_\_\_ Date \_\_\_\_\_

TGH Urgent Care powered by Fast Track reserves the right to refuse treatment without employer authorization. Services provided without proper authorization will be billed as the patient's responsibility. Services may vary by location. To confirm services and availability, please contact TGH Urgent Care powered by Fast Track at 813-925-1903.