EMPLOYER AUTHORIZATION FOR SERVICES

☐ **Westchase** 11969 Sheldon Rd.	☐ **South Tampa** 3301 W. Gandy Blvd.	☐ **Carrollwood** 4505 Gunn Hwy	☐ **Wesley Chapel** 5504 Gateway Blvd.	☐ **Brandon** 799 W. Lumsden Rd.	☐ **Tyrone** 3251 66th St. N.
☐ **Seminole** 7601 Seminole Blvd.	☐ **Sun City Center** 16521 US Hwy 301 S.	☐ **Fish Hawk** 5464 Lithia Pinecrest Rd.	☐ **Apollo Beach** 6182 N. US Hwy 41	☐ **Apollo Beach** 6182 N. US Hwy 41	☐ **Riverview** 11406 US Hwy 301 S.
☐ **Tarpon Springs** 40545 US 19th N	☐ **Downtown at the Heights** 303 W. Palm Ave.	☐ **Downtown on Water Street** 564 Channelside Dr.	☐ **Trinity at Starkey Ranch** 13531 State Rd. 54	☐ **4th Street** 4949 4th Street N.	

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

☐ Employee Self Pay

☐ Employer Paid Attention To:_____ Via (email, fax, mailing address): _____

☐ 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

Select Type of Screen Required (Select One Only):

☐ Rapid 5-panel ☐ Rapid 10-panel

☐ DOT

☐ Traditional Non-DOT

☐ Single Cup 5-panel ☐ Single Cup 10-panel

☐ Split Cup 5-panel ☐ Split Cup 10-panel

Select Reason for Screen:

☐ Pre-employment ☐ Reasonable Suspicion/Cause

☐ Follow-up ☐ Workers Compensation Injury

☐ Random ☐ Return to Duty

☐ 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.