



# EMPLOYER AUTHORIZATION FOR SERVICES

TGH Urgent Care powered by Fast Track Location (Name & Address):

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.

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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.