

## Hills & Dales General Hospital EMPLOYER AUTHORIZATION FOR TREATMENT AND BILLING

Please note: Payment is expected at the time services are rendered, unless prior arrangements have been made or the employer has an industrial account at Hills and Dales General Hospital. Photo identification is required for alcohol or drug screens. For questions, please contact the Occupational Health Coordinator at (989) 872-2121, extension 6342 or call Cass City Medical Practice (989) 872-8202.

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's name and address: Central State Community Services  
2603 W. Wackerly St. Midland, MI 48640

Billing address (if different from above): \_\_\_\_\_

The above named employee is authorized to receive the following services:

DOT physical       Employment physical       Bus driver physical  
 DOT urine drug screen       DOT drug screen, collection only       DOT breath alcohol test

(If D.O.T. please specify DOT designation as required by D.O.T. Regulations 49 CFR Part 40)  
 FMCSA    FRA    USCG    FAA    FTA    PHMSA

Occupational urine drug screen (Non-DOT):       Occupational drug screen, collection only  
 5panel    9panel    Other \_\_\_\_\_

Occupational breath alcohol test (Non-DOT)       Other (specify) TB Test

\*Must indicate reason for drug or alcohol screen:

Pre-employment       Random       Post-Accident       Reasonable Cause  
 Return-to-duty       Follow-up       Other \_\_\_\_\_

Signature of authorized individual: Kari Connor      Title: H.R. Manager

Date: \_\_\_\_\_ Time (if applicable): \_\_\_\_\_ Phone number to contact: 989-631-6691

### Consent for Service and Authorization of Release of Information

**Consent to service:** I hereby consent to Hills and Dales General Hospital and the attending physician for examination and/or ancillary testing, including drug or alcohol screening.

**Authorization to release information:** I hereby authorize Hills and Dales General Hospital to release any information pertaining to the services indicated above to my employer, prospective employer or employer's agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_