

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. Suite 201
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: HR Manager

Date: _____ Time (if applicable) _____ Phone number to contact: (989) 631-6691/Fax: (989) 631-8760

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: _____