



MEDICAL CARE AUTHORIZATION FORM – Broken Arrow

Approved First Responder for Non-Emergencies
 Med Now
 550 W Shawnee St
 Muskogee, OK 74401
 918-910-5186

Emergencies or After Hours
 Saint Francis Hospital - Muskogee
 300 Edna M. Rockefeller Drive
 Muskogee, OK 74401
 918-682-5501

TO BE COMPLETED BY EMPLOYER

Brooke Folsom

Employer Northeastern State University DER Contact Ph: 918-444-2234/Fax: 918-458-2302

Employee Name _____

Nature of Injury _____ Body Part(s) _____

Date of Injury _____ Time of Injury _____

Urine Drug Screen (non DOT) X 9 panel send out

Reason For Testing X Post-accident Reasonable Suspicion (observed/not observed)

Breath Alcohol (non DOT)

Reason For Testing Post-accident Reasonable Suspicion (observed/not observed)

Authorized Signature _____ Date _____

Employee Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN

Diagnosis _____

Treatment _____

Post accident drug screen performed? Yes No

O.K. to return to regular duty on _____

Return to see me on _____

O.K. to work light duty beginning _____

with the following limitations _____

Unable to return to work until _____

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and complete.

Physician's Signature _____ Date _____

This authorization applies to initial evaluation only. Any subsequent treatment, diagnostics, DME's or referrals need to be preauthorized by Consolidated Benefits Resources.

Notice Prescriptions: If prescriptions are appropriate, please give the patient a written prescription. Prepackaged prescriptions are not authorized.

PLEASE FORWARD THE COMPLETED ORIGINAL FORM AND YOUR BILL

Consolidated Benefits Resources, L. L. C.	(918) 594-5170
P.O. Box 581630	(800) 826-0419 toll free
Tulsa, OK. 74158-1630	(918) 594-5171 fax
	(888) 594-5171 toll free fax