



# MEDICAL CARE AUTHORIZATION FORM

### Approved First Responder Facility

Muskogee Immediate Care  
3520 Chandler Road  
Muskogee, OK 74403  
918-682-0721

### After Hours

Muskogee Regional Medical Center  
300 Rockefeller Drive  
Muskogee, OK 74401  
918-682-5501

## TO BE COMPLETED BY EMPLOYER

Employer Northeastern State University

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

Nature of Injury \_\_\_\_\_ Body Part(s) \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN

Diagnosis \_\_\_\_\_

Treatment \_\_\_\_\_

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 \_\_\_\_\_

**(Note: It is the philosophy of NSU to provide a modified duty work when possible.)**

***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.***

Physicians Signature \_\_\_\_\_

**This authorization applies to initial evaluation only. Any subsequent treatment, diagnostics, or referrals need to be preauthorized by Consolidated Benefits Resources. If prescriptions are appropriate, please give the patient a written prescription.**

**PLEASE FORWARD THE COMPLETED ORIGINAL FORM AND YOUR BILL DIRECTLY TO:**

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

***Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.***