employer authorization form

Employee Information			
Employee name:	DOB:	Last 4 SSN#:	
Employer Information			
Athena account #:	eScreen account # (if applicable):		
Company name:			
Company address:	City:	State:	Zip:
Services scheduled date/time:	Services exp date/time:		
☐ Did not arrive by the expiration date ☐ Notified/called DER (no show only) FOA Initials:			
DER/Company contact for results and/or physician call:			
DER email:	DER fax:		
Treatment authorized by:			
Name and title (please print):			
Signature:	Phone:		
Preferred communication (please check all that apply): ☐ phone ☐ fax (secure) ☐ e-mail (secure) ☐ mail			
After-hours contact:			
Bill Services To			
☐ Employer ☐ Employee ☐ TPA			
Billing Address/ TPA (only if different than above):			
Name:			
Address:	City:	State:	Zip:
Phone: Ext:	Fax:		

FOA Initials

employer authorization form *(con't)*

Employee Information

Employee name:	DOB:

Step One *(if applicable)*

Check the following:
☐ Using MedExpress Lab & MRO
☐ Using Company Provided Lab & MRO

Step Two *(UDS and BAT only)*

Reason for testing:
☐ Pre-Employment
☐ Post-Accident
☐ Random
☐ Reasonable Suspicion
☐ Return to Duty
☐ Follow up
(DOT Return to Duty & Follow up Testing must be observed)

Step Three

Please select all services to be performed.

DOT Drug/Alcohol testing:
☐ DOT Urine Drug Screen (5-Panel only)
☐ DOT Breath Alcohol Test

Select the modality:
☐ FMSCA ☐ FTA ☐ FRA ☐ FAA ☐ PHMSA ☐ USCG

Non-DOT Drug/ Alcohol testing:
☐ Rapid Urine Drug Testing ☐ Send out Urine Drug Screen
☐ 5-Panel ☐ 10-Panel ☐ Custom Panel #

☐ Breath Alcohol Test
☐ Hair Collection
☐ 5-Panel or ☐ 5-Panel w/exp Opiates
☐ Blood Alcohol (state specific)

Physical Examinations:
☐ DOT
☐ New certification ☐ Re-certification
☐ Interstate ☐ Intrastate
☐ School bus driver physical (if applicable)
☐ Standard Pre-Employment (non-DOT)
☐ eScreen ePhysical non-DOT look-alike
☐ Special Company Form
(Requires approval- contact your Account Executive)
☐ Other

Other Services:
☐ TB Skin Test
☐ 1 Step or ☐ 2 Step
☐ QuantiFERON®–TB Gold Plus
☐ Hep A Vaccine
☐ Hep B Vaccine
☐ 1st ☐ 2nd ☐ 3rd
☐ Flu Shot
☐ Point of care lipid panel + glucose
☐ OSHA Audiogram
☐ Baseline ☐ Annual ☐ Exit

Labs:
☐ Blood Draw- Collection Only
☐ Hep C Titer ☐ Hep B Titer
☐ MMR Titer ☐ CMP ☐ CBC ☐ Other

Additional Services: (Please call the Outcome Assurance Team to verify 304-985-6324)
☐ Resp. Fit Test (Quantitative)
☐ Pulmonary Function test

Special instructions:

Urgent Care MSO, LLC ("MSO") is a management services provider for physician-owned and other urgent care, walk-in, and on-site centers operated in multiple states as "MedExpress" (hereinafter "Private Office Practice"). The Private Office Practice has complete authority with regards to all medical decision-making and patient care. MSO shall, in no way, determine or set the methods, standards, or conduct of the practice of medicine or healthcare provided at, or by, or through any Private Office Practice, or by any of its professionals. MSO provides consultation services and offers recommendations through its Chief Medical Officer for the Private Office Practice to consider, reject, revise, and/or adopt as it deems fit.

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