AppleCare URGENT CARE

Employer Authorization for Treatment

This form must be completed before treatment can be provided and is required for an employer related visit.

PATIENT PICTURE ID REQUIRED

COMPANY/EMPLOYEE INFORMATION

Date	Employee Name	DOB

Company Name			
Company Address			
	City	State	Zip
Designated Responsible Party for Drug Screens/BAT	Name	Phone	
Company Phone	Secure Fax	Email Results	

*We are only able to fax to a SECURE line. If you do not have a secure fax please let clinical staff know.

DOT SERVICES

***DOT Drug Screen Required to Arrive 3 Hours Before Close of Business**

☐ DOT Physical (DOTPH) ☐ DOT Drug Screen (80306D) ☐ DOT Breath Alcohol (82075D)

Please Specify Agency: ☐ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCG ☐ HHS ☐ NRC

Reason for Testing: ☐ Pre- Employment ☐ Random ☐ Reasonable Suspicion ☐ Post Accident ☐ Return to Duty ☐ Follow Up ☐

NON-DOT DRUG SCREENING

☐ Urine Collection Only (99000) ☐ 5 Panel External Lab Drug Screen (80306) ☐ Breath Alcohol Test (82075)

☐ 5 Panel In-House Drug Screen (80305) ☐ Hair 5 Panel Drug Screen, (80307) ☐ Nicotine instant (NICOTINE)

☐ 10 Panel In-House Drug Screen (80305B) ☐ 10 Panel External Lab Drug Screen (80306B) **OTHER** ☐ _____

*All NON-Negative Instant Testing Will Be Sent to Lab for Confirmation Testing

PHYSICAL EXAM

☐ General Physical (PHYS) ☐ Pre-Employment Physical (PHYSP) ☐ Fit for Duty Physical (PHYSF)

☐ Respiratory Clearance Physical (PHYSR) **OTHER** ☐ _____ **OTHER** ☐ _____

PFT/RESPIRATOR TEST/QUESTIONAIRE

☐ PFT with questionnaire (94010, 99245) ☐ Respirator Questionnaire (99245.R) **OTHER** ☐ _____

IMMUNIZATIONS

☐ Flu Vaccine (FLU) ☐ Hep B Vaccine (90746) ☐ Tetanus, Diphtheria (90714)

☐ Tetanus, Tdap (90715) ☐ Immunization Administration (90741)

Call for availability ☐ MMR Vaccine (90707) Call for availability ☐ Hep A Vaccine (90632) Call for availability ☐ Varicella (VACVAR)

LABS

☐ Varicella Zoster IgG (86787) ☐ Hep B Titer (86706) ☐ ZPP (84202)

☐ CBC (85025) ☐ PPD (TB Test) (86580) ☐ Blood Lead Level (83655)

☐ Venipuncture (36415) ☐ PPD/TB Gold/Blood (86480) ☐ MMR Titer (MMRT)

☐ CMP (80053) **OTHER** ☐ _____ **OTHER** ☐ _____

TESTING

☐ EKG (93000) ☐ OSHA Audio Exam (92552) ☐ Chest X-ray 1 view (71045)

☐ Visual Acuity Test – Snellen (99172) ☐ Pure Tone Audiometry (92551) ☐ Chest X-ray 2 view (71046)

☐ Color Vision Exam – Ishihara (99173) ☐ Biometric Screening (BIO) ☐ Chest X-ray "B-Read" (76140)

☐ Lift test (97750) **OTHER** ☐ _____ **OTHER** ☐ _____

AUTHORIZED BY: We (Employer) are authorizing AppleCare to provide treatment to this employee. By doing so, we acknowledge that we are responsible for payment of any/all services in the event a claim is not filed and paid on our behalf.

Name (Printed) _____ Signature_____