

**-Employer Name**

**EMPLOYER'S AUTHORIZATION OF TREATMENT AND SERVICES FORM**

**Employee – must present government issued photo ID at time of service**

Employee Name:	Date of Birth:
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**Employer**

Employer Name:	Primary Contact Name:
Employer Address:	Primary Contact Phone #:
Phone:	Contact Email Address:
Secure Fax #:	

**Work Comp/Work Related Injury**

<b>Submit Claim for Payment To:</b>		
<input type="checkbox"/> Employer	<input type="checkbox"/> Workers Comp Insurance	<input type="checkbox"/> Work Comp Third Party Administrator
Insurance or Third Party Administrator Name:		
Insurance or Third Party Administrator Address:		
Policy #:	Work Comp Claim # (if available):	
Phone #:	Secure Fax #:	

**Occupational Health Services**

**Drug and Alcohol Testing- Results to primary contact listed above – Please check off reason for drug and/or alcohol testing:**

<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Follow-Up / Return to Duty
<input type="checkbox"/> Post-accident	<input type="checkbox"/> Reasonable Suspicion	<input type="checkbox"/> Other:

**Breath Alcohol Test – Check one:**

<input type="checkbox"/> DOT	<input type="checkbox"/> Non-DOT
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**DOT Urine Drug Screen w/MRO – Check one:**

<input type="checkbox"/> FMCSA	<input type="checkbox"/> FAA	<input type="checkbox"/> FRA	<input type="checkbox"/> FTA	<input type="checkbox"/> PHMSA	<input type="checkbox"/> USCG
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**Non-DOT Urine Drug Screen w/MRO:**

<input type="checkbox"/> 5 Panel	<input type="checkbox"/> 10 Panel	<input type="checkbox"/> Rapid Test
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**Chain of Custody Collection:**  donor provides lab form

**AUTHORIZED BY:** We (Employer) are authorizing Inova Occupational Health/Urgent Care to provide work comp treatment and/or occupational health services to employees. By doing so, we acknowledge that we are responsible for payment of any and all services in the event a claim is not filed or denied.

Signature of Person Authorizing Services:	Date:
Print Name of Person Authorizing Services:	Email:

**Employee/Applicant can walk in with this completed form or you can fax into the appropriate center**  
See attached list of centers.

**OCCUPATIONAL HEALTH:**

- ❑ **Inova Occupational Health - Alexandria**  
4700 King St. Suite 201  
Alexandria, VA 22302  
T 571-665-6600/ F 571-665-6601  
Mon – Fri - 8am – 4pm
- ❑ **Inova Occupational Health – Ashburn**  
21785 Filigree Ct. Suite 103  
Ashburn, VA 20147  
T 703-554-6644/ F 703-554-6641  
Mon – Fri - 8am – 3pm

**URGENT CARE/OCC HEALTH:**

- ❑ **Inova Urgent Care – North Arlington**  
4600 Lee Highway, Suite C  
Arlington, VA 22270  
T 571-492-3080 / F 571- 492-3081  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Dulles South**  
24801 Pinebrook Dr. Suite 110  
Chantilly, VA 20152  
T 703-722-2500 / F 703-327-1850  
Mon – Fri – 9am – 9pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Manassas**  
8051 Sudley Road  
Manassas, VA 20109  
T 571-719-4180 / F 571-719-4181  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Centreville**  
6201 Centreville Road, Suite 200  
Centreville, VA 20121  
T 703-830-5600 / F 703-830-6942  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Vienna**  
180 Maple Ave West  
Vienna, VA 22180  
T 703-938-5300 / F 703-242-0726  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care - Purcellville**  
740 E. Main St  
Purcellville, VA 20132  
T 540-338-4995 / F 540-338-2483  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Tysons**  
8357-E Leesburg Plke  
Vienna, VA 22180  
T 571-665-6440 / F 571-665-6441  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm
- ❑ **Inova Urgent Care – Springfield**  
6230 Rolling Road, Suite I  
Springfield, VA 22152  
T 571-665-6460 / F 571-665-6461  
Mon – Fri – 8am – 8pm  
Sat & Sun – 9am – 4pm