

Employer Authorization Form is needed for treatment.



To request more forms send email to info@comocmed.com

CLIENT AUTHORIZATION FORM

Date Issued: _____

Expiration Date: _____
Authorization will be honored through 5PM on expiration date

Company: _____ Plant # (if applicable): _____

Employee/Applicant works through Temp. Agency? Y N Temp. Agency: _____

Employee/Applicant: _____

Reason For Visit:

*Workers Comp. Injury
Body Part: _____
Date of Injury: _____

Pre-Placement Services
 DOT Recertification
 Random Testing
 Post-Accident Testing
 Reasonable Cause Testing
 Respirator Compliance
 Other: _____

Services Needed:

<input type="checkbox"/> Injury/Illness Treatment	<input type="checkbox"/> Baseline Test
<input type="checkbox"/> DOT Physical	<input type="checkbox"/> Annual Test
<input type="checkbox"/> DOT Drug Test	<input type="checkbox"/> STS Retest
<input type="checkbox"/> DOT BAT	<input type="checkbox"/> w/Exam
<input type="checkbox"/> Drug Test	
<input type="checkbox"/> Alcohol Test	<u>Respiratory</u>
<input type="checkbox"/> Physical	<input type="checkbox"/> PFT
<input type="checkbox"/> Flu Shot	<input type="checkbox"/> Resp. Fit Test
<input type="checkbox"/> TB Test	<input type="checkbox"/> Resp. Medical Questionnaire
<input type="checkbox"/> Hep B Shot (1 2 3)	
<input type="checkbox"/> Background Check	
<input type="checkbox"/> Other: _____	

Special Instructions: _____

Community Occupational Medicine is authorized to provide above services as established in company profile.
**** The Company is authorizing the first visit for determination or treatment of injury or illness & will be ** responsible for filing with workers compensation insurance. The company further acknowledges responsibility for making direct payment if insurance denies.**

Company Authorized Signature _____

Contact Phone Number: _____

**PICTURE ID REQUIRED
ADDRESSES/PHONES ON REVERSE**

THREE WAYS OUR NETWORK IS WORKING FOR YOU

OPTION 1

Community Occupational Medicine



- BEST VALUE!**
Mon-Fri 7 a.m. to 5 p.m.
- Customized Company Profiles
- OCC MED Specialty
 - Reduce Recordability
 - Focused/Defined Restrictions
 - COMConnect™ Web Portal

COM Plus
22818 Old US 20
Elkhart, IN 46516
p: 574.389.1231 f: 574.389.1232

COM Middlebury
801 Wayne St
Middlebury, IN 46540
p: 574.358.0042 f: 574.358.0157

COM Goshen
2312 Eisenhower Dr N
Goshen, IN 46526
p: 574.534.1231 f: 574.534.8186

COM NW
1104 W Bristol St
Elkhart, IN 46514
p: 574.333.2986 f: 574.343.2077

COM South Bend
2301 N Bendix Dr Ste 500
South Bend, IN 46628
p: 574.647.1675 f: 574.232.5595

COM Mishawaka
4630 Vistula Rd
Mishawaka, IN 46544
p: 574.318.4291 f: 574.318.4759

OPTION 2

MedPoint

- Evenings 5 to 8 p.m.
Weekends 8 a.m. to 8 p.m.
- Initial Injury / DOT / Drug Screen
- Urgent Care Specialty
 - Alternative to ER
 - Follow up at COM
(Reduced initial visit fee applied)

Med/Point Ireland
1815 E Ireland Rd
South Bend, IN 46614
p: 574.647.1750

MedPoint 24*
6913 N Main St
Granger, IN 46530
p: 574.647.1550

MedPoint CR6
3301 CR 6 E
Elkhart, IN 46514
p: 574.266.5342

*Open 24 hours a day 7 days a week

OPTION 3

Emergency Room

- 24/7
- Emergency Care
- Trauma Care
- Direct/Immediate Access to Surgery/Ortho

Elkhart General Hospital
600 East Blvd
Elkhart, IN 46514
p: 574.294.2621

Memorial Hospital
615 N Michigan St
South Bend, IN 46601
p: 574.647.1000



Community Occupational Medicine, LLC
WWW.COMOCCMED.COM *BEACON HEALTH SYSTEM

