



### 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	<b><u>Respiratory</u></b>
<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: \_\_\_\_\_

Beacon Occupational Health 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

### Beacon Occupational Health

- BEST VALUE!**  
Mon-Fri 7 a.m. to 5 p.m.
- Customized Company Profiles
- Occupational Health Specialty
  - Reduce Recordability
  - Focused/Defined Restrictions
  - Beacon HealthLink Web Portal

#### Elkhart

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

#### Elkhart NW

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

#### Middlebury

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

#### Goshen

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

#### South Bend

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

#### Mishawaka

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

## OPTION 2

### MedPoint Urgent Care

- Nights and Weekends
- Initial Injury/DOT/Drug Screen
- Urgent Care Specialty
  - Follow up at Beacon Occupational Health  
(Reduced initial visit fee applied)

#### MedPoint Ireland

1815 E Ireland Rd  
South Bend, IN 46614  
p: 574.647.1750  
Open 8 a.m. to 8 p.m.  
7 days a week

#### MedPoint Main Street

6913 N Main St  
Granger, IN 46530  
p: 574.647.1550  
Open 7 a.m. to 10 p.m.  
7 days a week

#### MedPoint CR6

3301 CR 6 E  
Elkhart, IN 46514  
p: 574.266.5342  
Open 8 a.m. to 8 p.m.  
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 of South Bend

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

#### Beacon Granger Hospital\*

3220 Beacon Pkwy  
Granger IN, 46530  
p: 574.647.8788

#### Community Hospital of Bremen

1020 High Road  
Bremen IN, 46506  
p: 574.546.2211

\*Performs outpatient reasonable suspicion and post-accident drug and alcohol testing

## BEACON OCCUPATIONAL HEALTH

