



Concentra Medical Center

AUTHORIZATION FOR TREATMENT AND BILLING Worker's Compensation Injuries or Exposure

Company: Macomb County - Injury Telephone #: (586) 469-5280 Fax #: (586) 469-6974

Address: 1 S Main St., 6th Floor Mt. Clemens MI 48043
Street City State Zip

Work Comp Carrier: York-Risk Telephone #: (517) 338-3294 Fax #: (517) 338-5124

Address: P.O. Box 620 Howell MI 48844-0620 Policy Number: WCX 002856
Street City State Zip

Designated Employer Rep: See Employer Notes Telephone #: (586) 469-5280 Fax #: (586) 469-6974

Employee: _____ SS#: _____ DOB: _____

Department: _____

Authorization for:

BBP Exposure - OR - Care of Injury **AND** Brief Description _____

Authorization by: _____

Position or Title: _____

Date: _____

CONSENT TO TREAT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby give consent to Concentra Medical Center and the attending physician for examination and treatment and authorize release of information pertaining to this specific or physical examination to my employer or employer's insurer.

EMPLOYEE SIGNATURE

DATE

Concentra Medical Center

33089 Groesbeck
Fraser, MI 48026

Phone: (586) 296-2800 ~ Fax: (586) 296-6190

Open 24 hours, 7 days a week

