



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: Comprehensive Risk Services Telephone #: (800)737-9875 Fax #: (248)344-8560

Address: P.O. Box 505 Novi MI 48376 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 _____ Location: _____

Authorization for:

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

Authorization by: _____ Position or Title: _____

Date: _____ (the authorizing individual may be contacted for additional information regarding the incident)

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: _____



1. Chesterfield

50110 Gratiot Ave
Chesterfield, MI 48051
Mon-Fri: 8 am - 5 pm
Ph: 586.949.6336
Fx: 586.949.0206

2. Fraser

33089 Groesbeck Hwy
Fraser, MI 48026
OPEN 24/7 for
New Injuries/Drug Screens
24 hours, 7 days a week
Ph: 586.296.2800
Fx: 586.296.6190

3. Sterling Heights

39333 Van Dyke Ave
Sterling Heights, MI 48313
Mon-Fri: 7 am - 7 pm
Sat: 10 am - 4 pm
Ph: 586.977.1510
Fx: 586.977.3261

4. Warren

11569 E 12 Mile Rd
Warren, MI 48093
Mon-Fri: 7 am - 7 pm
Sat: 10 am - 4 pm
Ph: 586.582.0018
Fx: 586.582.0108