

INITIAL AUTHORIZATION TO TREAT FORM

All additional treatments/services beyond first visit need approval from CCMSI.

Employer: please complete this form and send with employee for work-related injury.

Employee Information		
Name:	Date:	
Date of birth:		
Location where accident/injury occurred:		
Date of injury:	Injured body part(s):	
Brief description of injury/accident:		
<input type="checkbox"/> Drug testing required <input type="checkbox"/> Alcohol testing required		
Employer Information		
Employer: Fruitport Community Schools		
Phone: 231-865-3156	Fax: 231-865-4022	
Address: 3255 E. Pontaluna Rd. Fruitport, MI 49415		
Authorized signature:	Printed name & title:	
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>		
Billing Information		
Workers' compensation insurance/third-party administrator: Cannon Cochran Management Services Inc. (CCMSI)		
Billing address: 2364 Woodlake Drive, Ste. 100, Okemos, MI 48864		
Phone: 517.347.2331	Fax: 217.477.5970	Claim number:
<i>All additional treatments/services beyond initial visit need approval from CCMSI. The employer, via CCMSI, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		
Medical Clinic	After-hours care	
Hackley Workplace Health - Muskegon 1670 E Sherman Blvd. Muskegon, MI 49444 231-728-4915 Hours: Mon – Fri 7a.m. to 5p.m.	After 5 p.m., or for critical emergencies please go to the nearest emergency room.	

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District name: Fruitport Community Schools		
Employee name:		
Medical Diagnosis (to be completed by medical provider)		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee able to return to work full duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee fully disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
If unable to perform full duties, please specify restrictions:		
If employee is fully disabled, what is the estimated time away from work?		
Physician name (please print):	Phone:	
Address:		
Physician's signature:	Date:	
Date & time of next office visit:		
<i>Please note - all additional treatments/services beyond initial visit need approval from CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		

When completed, please fax to:

Fruitport Community Schools
Attn: Jessica Colbert
3255 E Pontaluna Rd.
Fruitport, MI 49415
Phone: 231-865-4009
Fax: 231-865-4022

WORKPLACE HEALTH – MUSKEGON

Located in same building as Mercy Health Urgent Care
1670 E. Sherman Boulevard • Muskegon, MI 49444
Phone: 231.672.2400 • Fax: 231.672.2401
Open Monday–Friday, 7:00 a.m.–5 p.m.

