



AUTHORIZATION & REQUEST FOR WORK RELATED MEDICAL SERVICES

To Be Completed By Immediate Supervisor or Manager

EMPLOYER/CONTACT INFORMATION:

Rowan County Government

C/O Risk Management

130 W. Innes Street

Salisbury, NC 28144

Phone (704) 216-8109 Fax: (704) 216-8110

If the workers' compensation TPA determines that the claim is non-work related and is denied, Rowan County agrees to be responsible for any necessary medical charges until the point of denial. If denied, medical services from that date should be filed under your health insurance.

THE FOLLOWING SERVICES ARE REQUESTED:

Treatment for an alleged work-related injury or illness

Area Injured: _____ Date of Injury: _____



Drug Screen: Post work-related injury or illness

FACILITY WHERE MEDICAL TREATMENT IS REQUESTED:

ProMed 628 W. Innes Street, Salisbury, NC 28144

Phone: (704)637-8040 Fax: (704) 637-2746

ROWAN COUNTY AUTHORIZED SUPERVISOR/MANAGER FOR INITIAL VISIT:

Authorizing Signature: _____

Department: _____

Title: _____ Phone: _____ Date: _____

EMPLOYEE INFORMATION:

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

BIRTH DATE: _____ JOB TITLE: _____

DEPARTMENT: _____

SEX: MALE _____ FEMALE _____ POSITION: _____