



## 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:

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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: \_\_\_\_\_