

Ascension Michigan Employer Solutions

Employer Authorization

For Treatment/Billing

Date _____ Employee Name _____
 Job Title/Duties _____
 Employer _____ Phone _____
 Address _____
Street City State Zip

MINORS MUST BE ACCOMPANIED BY PARENT OR LEGAL GUARDIAN

Injury Care: (Describe) _____ Date of injury: _____ Time: _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Controlled Substance Test with this injury: <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol Test <p style="text-align: center;">Patients treated after hours in Urgent Care or Emergency Department should return for follow-up care at the nearest occupational health office.</p>		
Physical Exam (bring eyeglasses and/or contact lenses and case) <input type="checkbox"/> Post-offer/Pre-hire <input type="checkbox"/> DOT—new hire <input type="checkbox"/> MCOLES <input type="checkbox"/> Annual <input type="checkbox"/> DOT—renewal <input type="checkbox"/> Preventive Well Exam <input type="checkbox"/> Return to Work <input type="checkbox"/> Hazmat <input type="checkbox"/> Silica Exam <input type="checkbox"/> Other _____		
Drug and Alcohol Testing (photo identification required) <input type="checkbox"/> DOT Urine Drug Screen <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> DOT Collection Only <input type="checkbox"/> Collection Only <input type="checkbox"/> DOT Breath Alcohol <input type="checkbox"/> Hair Testing Reason: <input type="checkbox"/> Pre-hire <input type="checkbox"/> Random <input type="checkbox"/> Post accident <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow Up <input type="checkbox"/> Other		
Screening/Immunization <input type="checkbox"/> Audiogram <input type="checkbox"/> TB Test (PPD) <input type="checkbox"/> Tspot <input type="checkbox"/> Audiogram w/Analysis <input type="checkbox"/> Hepatitis B Vaccination <input type="checkbox"/> Pulmonary Function Test (PFT) <input type="checkbox"/> EKG <input type="checkbox"/> Hepatitis B Titer <input type="checkbox"/> Lift Test <input type="checkbox"/> Respirator Questionnaire <input type="checkbox"/> Travel Medicine (Rochester) <input type="checkbox"/> Hepatitis A Vaccination <input type="checkbox"/> Respirator Fit Test (No facial hair. No tobacco, food or drink (except water) one hour prior to test) <input type="checkbox"/> Other _____		

AUTHORIZED BY: _____
(Please print) Phone

AUTHORIZED SIGNATURE: _____

Ascension Michigan Employer Solutions Locations in Michigan to Serve Your Workplace

SOUTHEAST MICHIGAN

EAST CHINA

Ascension River District Hospital
4100 River Rd. • East China, MI 48054
810-329-8912 • Fax: 810-329-8913
ameseastchina@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

GRAND BLANC

Ascension Genesys Hospital
Main Entrance
1 Genesys Parkway • Suite 1620
Grand Blanc, MI 48439
810-606-5957 • Fax: 810-606-5907
amesgrandblanc@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

LIVONIA

Ascension Providence Health Center
37595 Seven Mile Rd. • Livonia, MI 48152
734-432-6668 • Fax: 734-542-6108
ameslivonia@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

MACOMB TOWNSHIP

Ascension St. John Hospital Health Center
Emergency Entrance
17700 23 Mile Rd.
Macomb Township, MI 48044
586-868-9120 • Fax: 586-868-9136
amesmacombtp@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

NOVI

Ascension Providence Hospital, Novi Campus
Outpatient Center, Northeast Entrance 47601
Grand River Ave., Suite B230
Novi, MI 48374
248-465-4800 • Fax: 248-465-4872
amesnovi@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

WARREN

Macomb Professional Building
11885 E. 12 Mile Rd., Suite 202A
Warren, MI 48093
586-573-5571 • Fax: 248-967-7716
ameswarren@ascension.org
Monday - Friday 7:30 a.m. - 4 p.m.

**AFTER HOURS INJURY CARE IS AVAILABLE
IN THE EMERGENCY ROOM AT ASCENSION
MICHIGAN HOSPITALS**