IMLAY CITY COMMUNITY SCHOOLS
634 BORLAND RD IMLAY CITY, MI 48444

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:	Social Security number:	
Location where accident/injury occurred:		
Date of injury:	Injured body part(s):	
Brief description of injury/accident:		

Employer Information		
Employer:		
Phone:	Fax:	
Address:		
Authorized signature:	Printed name & title:	
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.		

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:
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.* **Please be sure to indicate the clinic chosen by employee.**		

Medical Clinic Options (3)	**Medical Clinic Options (3)**
Hurley Lapeer Urgent Care 1794 N. Lapeer Rd Lapeer MI, 48444 *(810) 969-4406* Hours: Monday-Friday 10:00am-10:00pm Saturday & Sunday 10:00am-6:00pm **Henry Ford Macomb Health Center-Urgent Care** 80650 Van Dyke Rd. Bruce Twp., MI 48065 *(810) 798-6410* Hours: Monday-Friday 8:00am-10:00pm Saturday & Sunday 10:00am-6:00pm	**McLaren Convenient Care** 1181 S. Lapeer Rd Lapeer MI, 48446 *(810) 667-7040* Hours: Monday-Friday 9:30am-5:30pm Saturday 10:00am-2:00pm

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AUTHORIZATION TO TREAT FORM

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District name:		
Employee name:		
Medical Diagnosis *(to be completed by medical provider)*		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? ☐ No ☐ Yes	Is employee able to return to work full duty? ☐ No ☐ Yes	Is employee fully disabled? ☐ No ☐ 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:		
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.		

When completed, please fax to:

Imlay City Community Schools
Attn: Dawn Katkic
634 Borland Rd. Imlay City, MI 48444
Phone: 810-721-9494
Fax: 810-724-4307