



# Occupational Medicine Service Authorization

Complete/sign & return with Ownership Certification for account activation

Bell  
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Ishpeming, MI 49849  
906.485.2267/Fax: 906.485.2752  
[Jennifer.Koski@bellmi.org](mailto:Jennifer.Koski@bellmi.org) and/or  
[Pamela.Schmeltzer@mghs.org](mailto:Pamela.Schmeltzer@mghs.org)

Doctors Park  
710 S. Lincoln Road, Suite 800  
Escanaba, MI 49829  
906.786.0440/Fax: 906.789.8799  
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Peninsula Medical Center  
1414 West Fair Avenue, Suite 35  
Marquette, MI 49855  
906.449.1140/Fax: 906.449.1844  
[occmmed@mghs.org](mailto:occmmed@mghs.org)

New Account     Account Update/Reactivation

Company Name (or Third Party, as applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Company Representative Authorizing Service (please print): \_\_\_\_\_

Signature of Authorizing Representative: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Primary phone number of Authorizing Representative: \_\_\_\_\_ Mobile/other: \_\_\_\_\_

### Drug and Alcohol Testing

**Collection only**; please send your CCF(s) with donor(s)  
     FormFox electronic collections (*available in Marquette only*)

**UPHS Occupational Medicine lab panels with our MRO**

- Federal/DOT 5 panel urine drug test
- Non-regulated 5 or 10 panel urine drug test, (circle one)
- 6 panel Police Officer urine drug test
- Rapid 6 panel urine drug test (*not available at Bell yet*)
- Rapid 10 panel urine drug test

*Please phone for more urine drug testing options*

**Breath Alcohol Testing:**     Federal/DOT     Non-regulated

### Designated Employer Representative (DER)

*(For confidential discussion regarding drug/alcohol testing as needed)*

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### Alternate DER:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Invoice to (Name): \_\_\_\_\_

Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_/\_\_\_\_\_

### For accounts designated as service date payment required:

Credit Card number: \_\_\_\_\_

Expiration date: \_\_\_/\_\_\_/\_\_\_    Security code: \_\_\_\_\_

### Physical Exams

**Post-offer/Pre-placement**, includes vision testing

    Job title(s): \_\_\_\_\_

**Employer/TPA specific exam:** *please provide exam details including all documents that need to be completed/reviewed*

### Regulated exams:

**Asbestos**     **HAZMAT**     **Silica**

**Medical Exam for CDL**     **MCOLCS**

**Respirator Medical Clearance**

**Other Lab/Imaging/Ancillary Testing:**

### TB testing and Immunizations

TB skin test     Hepatitis B vaccine     Flu vaccine

QuantiFERON-TB Gold     Tdap vaccine     Td vaccine

MMR vaccine

Results emailed, faxed, or mailed to: \_\_\_\_\_

*Note: e-mailed results will be sent encrypted & password protected. Please indicate preferred password or one will be randomly assigned to you.*

Password: \_\_\_\_\_

### MSHA Training (*available at Bell location only*)

New Miner     Refresher     Underground

### Workers Compensation

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Claims Adjuster Name: \_\_\_\_\_

Phone/email: \_\_\_\_\_/\_\_\_\_\_

*Please provide employee claim number by 2<sup>nd</sup> visit*

