

Telephone: 906-863-5665



Fax: 906-863-7776

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: | | |
| Location where accident/injury occurred: | | |
| Date of injury: | Injured body part(s): | |
| Brief description of injury/accident: | | |
| | | |
| Employer Information | | |
| Employer: Menominee County Intermediate School District | | |
| Phone: 906-863-5665 | Fax: 906-863-7776 | |
| Address: 1201 41 st Avenue, Menominee, MI 49858 | | |
| Authorized person name: Janene Salewsky | Title: HR/Office Manager | |
| <i>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.</i> | | |
| 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: |
| | | |
| <i>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.</i> | | |

AUTHORIZATION TO TREAT FORM Page 2

| Medical Clinic | Emergency Care |
|--|---|
| <i>Bellin Health-Menominee, MI</i> 906-863-7897 OR <i>Bellin Health- Daggett, MI</i> 906-753-2155 | <i>Bellin Health – Urgent Care</i> Roosevelt Rd. Marinette, WI <i>Bay Area Medical Center</i> University Drive, Marinette, WI <i>Aurora Bay Area Urgent Care</i> Old Peshtigo Road, Marinette, WI |

| | | |
|--|---|---|
| District name: Menominee County Intermediate School District | | |
| Employee name: | | |
| Medical Diagnosis (to be completed by medical provider) | | |
| Injured body part(s): | | |
| Medical diagnosis: | | |
| Is condition work related? <input type="checkbox"/> No <input type="checkbox"/> Yes | Is employee able to return to work full duty? <input type="checkbox"/> No <input type="checkbox"/> Yes | Is employee fully disabled? <input type="checkbox"/> No <input type="checkbox"/> 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: | | |
| <i>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.</i> | | |

When completed, please fax to:

Menominee County Intermediate School District, Attn: HR/Office Manager
 1201 41st Avenue, Menominee, MI 49858 Fax: 906-863-7776 Phone: 906-863-5665, Ext. 1036