

## Medical Authorization of Services

<b>Employee Name:</b>		<b>Dept:</b>	
<b>Reason for Visit:</b>			

Company Information	
Company Address	Company Contact information
Company Name:	Name:
Street:	Phone Number:
City, State, Zip:	Updated Email:

<b>Authorization signature:</b>		<b>Date:</b>
<b>Disclaimer:</b> *Signing this form is a request for St. Vincent Occupational Medicine to perform the following services on the above named employee. It also authorizes the right to send all statements and appropriate medical documentation to the company named. Execution of authorization is an agreement to pay for the requested services and to receive the medical documentation as indicated in the company profile**		

Please indicate all services to be performed	
<b>Workers Compensation</b>  Date of Injury: _____  Location of injury: _____  Work Compensation Carrier: _____	<b>Physical Exam</b> <input type="checkbox"/> DOT <input type="checkbox"/> Periodic <input type="checkbox"/> Pre- Employment <input type="checkbox"/> Return to Work <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Other _____
<b>Breath Alcohol Test</b>  <input type="checkbox"/> Non- DOT <input type="checkbox"/> DOT, Testing Authority _____	<b>Urine Drug Test</b> Reason For Test: _____  <input type="checkbox"/> Non DOT <input type="checkbox"/> DOT, Testing Authority _____
<b>Hair Drug Screen</b>  <input type="checkbox"/> Reason for test:_____	<b>Other/ Services or Comments:</b>  <div style="height: 40px;"></div>

\*Medical authorization is required prior to performing services. St. Vincent Occupational Medicine reserves the right to reschedule all services if appropriate documentation is not provided. All authorizations can be returned electronically by fax or email prior to patient arrival. Please review service locations for appropriate contact information and hours of operations.



## OCCUPATIONAL MEDICINE LOCATIONS

Please notice that times may vary on the services provided at each location.

### Ascension Northside Crossing

14020 Old State Road  
Evansville IN 47725

Ph: 812-485-6900 Option 1

**Service Hours: Mon-Fri 7:30a-4p**

**Urine Drug Screens, Physicals & WC Injuries (initial & follow up visits)**

*Appts Recommended, Walk-In Available*

### Ascension Epworth Crossing

100 St Mary's Epworth Drive, Suite B100  
Newburgh, IN 47630

Ph: 812-469-8300

**Service Hours: Mon-Sun**

**Urine Drug Screens 8a-6p**

**WC Injuries (initial injuries only) 8a-7p**

*Walk-In Service Only*

### Ascension Westside Crossing

100 Rosenberger Ave, Suite A100  
Evansville, IN 47712

Ph: 812-485-1550

**Service Hours: Mon-Sun**

**Urine Drug Screens Mon-Fri 8a-6p / Sat & Sun 8a-3p**

**WC Injuries (initial injuries only) Mon-Fri 8a-7p / 8a-4p**

*Walk-In Service Only*

## These locations provide Emergency Services ONLY

### Ascension St Vincent Hospital

3700 Washington Ave  
Evansville IN 47715  
Phone: (812) 485-4000

### Ascension St. Vincent Warrick Hospital

1116 Millis Ave  
Boonville, IN 47601  
Phone: (812) 897-4800