



AUTHORIZATION TO INVOICE MSU

OLIN HEALTH CENTER
 East Circle Drive
 517-355-0219

SPARROW URGENT CARE AFTER HOURS CLINIC
 2248 Mt. Hope Rd.
 Suite 106
 Okemos, MI 48864
 517-381-4001

**MICHIGAN STATE UNIVERSITY
 HUMAN RESOURCES BENEFITS
 WORKER'S COMPENSATION
 DIVISION**
 1407 S Harrison Rd
 Suite 140
 East Lansing, MI 48823
 517-353-4434

*For non-urgent events please call 517-353-4660 for an appointment; if not sure of urgency call 517-353-5557.

1.

PRIMARY FACILITY	SECONDARY FACILITY	**EMERGENCY FACILITY
OLIN HEALTH CENTER* East Circle Drive 517-355-0219 Monday – Tuesday 8 a.m. – 7 p.m. Wednesday – Friday 8 a.m. – 6 p.m. Saturday 10 a.m. – 1 p.m. Closed Sunday Summer Hours & Semester Breaks Monday – Friday 8 a.m. – 5 p.m.	THE SPARROW URGENT CARE AFTER HOURS CLINIC 2248 Mt. Hope Rd. Suite 106 Okemos, MI 48864 517-381-4001 Monday – Friday 5 p.m. – 10 p.m. Saturday and Sunday 10 a.m. – 10 p.m. 1. Use this facility when Olin Health Center is closed (except for bloodborne pathogen exposures and emergencies). 2. Follow-up visits must be scheduled at Olin Health Center. 3. Open Holidays	SPARROW HOSPITAL ER 1215 E Michigan Avenue Lansing MI 48909 517-483-2222 1. Use this facility for critical emergencies. 2. Go directly to Emergency department for: severe burns, fractures, shock, seizure, shortness of breath, severe bleeding, chest pain, head injuries, motor vehicle accidents, and bloodborne pathogen exposures, chemical exposure or smoke inhalation. 3. Follow-up visits must be scheduled at Olin Health Center.

- COMMERCIAL DRIVERS NEEDING POST ACCIDENT BREATH ALCOHOL TESTING AND URINE DRUG SCREENS SHOULD GO TO THE ST. LAWRENCE CAMPUS OF SPARROW EMERGENCY DEPARTMENT, 1210 W. SAGINAW.

2. ALL MRI'S ARE TO BE DONE AT MSU, RADIOLOGY (184 RADIOLOGY BUILDING, 517-355-0120)
3. _____ IS AUTHORIZED TO RECEIVE MEDICAL TESTS AND TREATMENT WITH PAYMENT OF SERVICES TO BE PROVIDED BY MICHIGAN STATE UNIVERSITY IF THE SERVICES ARE FOR A WORK RELATED INJURY.

4. _____ ext. _____
(Authorized Signature) Department Address (Date) (Work Phone)

(Fax Number)

5. SERVICES REQUESTED
 INJURY TREATMENT WAS THE INCIDENT OBSERVED BY ANYONE? YES NO
 SECOND OPINION BY OLIN PHYSICIAN - WHY? _____
 Other _____

6. CURRENT INJURY _____

7. CURRENT SHIFT (HOURS) _____

8. INJURED EMPLOYEE'S CURRENT JOB _____

		Yes	No	Amount
Job involves: Lifting		<input type="checkbox"/>	<input type="checkbox"/>	_____
Sitting		<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing		<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking		<input type="checkbox"/>	<input type="checkbox"/>	_____

9. PRESCRIPTION TO BE FILLED AT MSU CLINICAL CENTER OR OLIN HEALTH CENTER
10. FAX REPORTS TO OLIN AT 517-432-9460.
11. **THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MSU IN WRITING. ALL PATIENTS ARE REQUIRED TO SHOW A PICTURE I.D. AT THE TIME OF REGISTRATION TO VERIFY IDENTITY.**