



# AUTHORIZATION TO INVOICE MSU

**OLIN HEALTH CENTER**  
East Circle Drive  
517-353-4660

**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.

PRIMARY FACILITY	SECONDARY FACILITY	**EMERGENCY FACILITY
OLIN HEALTH CENTER* East Circle Drive 517-353-4660 Monday – Friday 8 am – 6 pm Saturday 10 am – 1 pm Closed Sunday <b>Summer Hours &amp; Semester Breaks</b> Monday – Friday 8 am – 5 pm  For bloodborne pathogen exposure. Source patient: _____	THE SPARROW URGENT CARE AFTER HOURS CLINIC 2248 Mt. Hope Rd. Suite 106 Okemos, MI 48864 517-381-4001 Monday – Friday 5 pm – 10 pm Saturday & Sunday 10 am – 10 pm  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 517-364-4141  1. Use this facility for critical emergencies. Go directly to Emergency department for: severe burns, fractures, shock, seizure, shortness of breath, severe bleeding, chest pain, head injuries, motor vehicle accidents, chemical exposure or smoke inhalation. 2. Bloodborne pathogen exposures when Olin Health Center is closed. Source patient: _____ 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.

- ALL MRIs ARE TO BE DONE AT MSU, RADIOLOGY (184 RADIOLOGY BUILDING, 517-355-0120)
- \_\_\_\_\_ 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.
- \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Signature) (Supervisor email) (Date) (Work Phone)

\_\_\_\_\_  
 (Printed Supervisor Name) (Department) (Department Address) (Fax Number)

- SERVICES REQUESTED  
 INJURY TREATMENT      WAS THE INCIDENT OBSERVED BY ANYONE?  YES  NO  
 SECOND OPINION BY OLIN PHYSICIAN - WHY? \_\_\_\_\_  
 Other \_\_\_\_\_
- CURRENT INJURY \_\_\_\_\_
- CURRENT SHIFT (HOURS) \_\_\_\_\_
- INJURED EMPLOYEE'S CURRENT JOB \_\_\_\_\_

Job involves:		Yes	No	Amount
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"/>	_____

- PRESCRIPTION TO BE FILLED AT MSU CLINICAL CENTER OR OLIN HEALTH CENTER
- FAX REPORTS TO OLIN AT 517-432-9460.
- 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.**

\*\* If transportation is needed, please call Capital Transport at 517-485-4400.