

Employee: In order to receive treatment, you must take this form to the treatment facility.

HAMILTON COUNTY DEPARTMENT OF EDUCATION

3074 Hickory Valley Road, Chattanooga, TN 37421

A Public Entity Self-Insurer excluded by TCA 50-6-106(1)(B)(5) From the Tennessee Workers Compensation Law

Treatment Authorization Form

ATTENTION PHYSICIANS:

The bearer of this form is employed by a client of **Collins & Company**, a managed care organization for on-the-job- injuries. This is the employer’s treatment authorization form. **This form, when signed and dated by the employer, serves as authorization for treatment of a probable work-related injury. Please remember to complete a Return to Work Status Form and email to: onjobinjuries@hcde.org immediately following the patient’s visit.**

This employee was presented with the employer’s list of treatment facilities and has selected your facility for treatment. This form guarantees that the employer will pay for today’s charges ONLY. To make a follow-up appointment or referral for this employee, call **Collins & Company at (423) 265-0541** for authorization. Please forward all bills and notes to:

Collins & Company, 555 River Street, Chattanooga, TN 37405 Fax: (423) 267-0978

Employees Name:	<input type="text"/>	Employees Department:	<input type="text"/>
Supervisor’s Name	<input type="text"/>	Supervisor’s Signature	_____ Date _____

MEDICAL PROVIDER-THIS FORM IS VALID ONLY UP TO 48 HOURS AFTER THE ABOVE DATE

Treatment Facilities

AFC Urgent Care
 5546 153, Suite 120
 Hixson, TN 37343
 M-F 8am-8PM
 S-S 8am-5PM

Nova Medical Centers
 5779 Brainerd Road
 Chattanooga, TN 37411
 M-F 8:30am-6:00 PM

Dr. Mark McOmie, DDS-For Dental Injuries
 5999 Shallowford Rd
 Chattanooga, TN 37406
 M,T,W,F 8AM-5PM

Use hospital emergency rooms ONLY for listed emergencies or injuries occurring after clinic hours or on weekends: An Emergency= loss of consciousness, difficulty breathing, shock, uncontrolled bleeding, disorientation, other incapacity, seizure

Hospital Taken To:

Describe your injury and the cause:
(specifically identify body part(s) that are affected and injury or illness)