



AUTHORIZATION TO INVOICE MSU
MICHIGAN STATE UNIVERSITY
HUMAN RESOURCES
WORKERS' COMPENSATION
1407 S. HARRISON STE 110
EAST LANSING, MI 48823
PHONE:517-353-4434 FAX: 517-432-4102

FACILITIES: LANSING URGENT CARE			EMERGENCY FACILITY
Frandon 505 North Clippert St Lansing, MI 48912 Dewitt 12970 US Hwy 27 DeWitt, MI 48820 Okemos 2289 Grand River Okemos, MI 48864	Southside 320 E. Jolly Road Lansing, MI 48910 Westside 4440 West Saginaw Lansing, MI 48917 Bath 16945 Marsh Rd Haslett, MI 48840	Mason 132 S Cedar St Mason, MI 48854 Grand Ledge 886 East Saginaw Grand Ledge, MI 48837	SPARROW HOSPITAL ER 1215 E Michigan Avenue Lansing MI 48909 517-364-4141 1. Use this facility for any potentially life-threatening emergency. 2. All follow-up visits must be at a Lansing Urgent Care facility.
Frandon Location – Open 24 hours a day /7 days a week All other locations: Mon-Sat 9am-9pm; Sun 9am-6pm Check-In Ahead Of time Online – luc123.com			

- COMMERCIAL DRIVERS NEEDING POST ACCIDENT BREATH ALCOHOL TESTING AND URINE DRUG SCREENS EVENINGS AND WEEKENDS CAN GO TO ANY LANSING URGENT CARE FACILITY

1. _____ 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.

2.

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

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

3. DATE OF INJURY _____

4. DESCRIBE INJURY _____

5. CURRENT SHIFT/HOURS _____

6. IS THIS EMPLOYEE **DOT CERTIFIED**? Yes No

7. IS THIS VISIT THE RESULT OF A NEEDLESTICK INJURY OR BODY FLUID EXPOSURE? Yes No

8. EMPLOYEE'S JOB TITLE OR CLASSIFICATION _____

	Yes	No	Percentage of Time
Job involves: Lifting (in lbs)	<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"/>	_____
Operating Machinery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Working from Heights	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. PRESCRIPTION TO BE FILLED AT MSU CLINICAL CENTER OR OLIN HEALTH CENTER

10. FAX AFTER HOURS OR OVERNIGHT REPORTS TO LANSING URGENT CARE AT 517-492-2090

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.**