

FACILITIES: LANSING URGENT CARE

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

EMERGENCY FACILITY

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	1. Use this facility for any threatening emergence 2. All follow-up visits must Care facility.	gan Avenue // 48909 4-4141 y potentially life- y.	
Frandor Location – (All other locations:					
		Γ ACCIDENT BREATH A	LCOHOL TESTING AND URINE	DRUG SCREENS EVENINGS A	√ND
SERVICES TO BE PI Authorized Signature)			RECEIVE MEDICAL TESTS AND IF THE SERVICES ARE FOR A V ail) (Date)		T OF
SERVICES TO BE PI 2. (Authorized Signature) (Printed Supervisor Name)	ROVIDED BY MICHIGAN	(Supervisor em	IF THE SERVICES ARE FOR A V	(Work Phone) (Fax Number)	T OF
SERVICES TO BE PI 2. (Authorized Signature) (Printed Supervisor Name) 3. DATE OF INJURY	ROVIDED BY MICHIGAN	(Supervisor em	ail) (Department Address	(Work Phone) (Fax Number)	Т ОF
SERVICES TO BE PI 2. (Authorized Signature) (Printed Supervisor Name) 3. DATE OF INJURY	ROVIDED BY MICHIGAN	STATE UNIVERSITY (Supervisor em (Department)	IF THE SERVICES ARE FOR A V	(Work Phone) (Fax Number)	Т ОF
SERVICES TO BE PI 2. (Authorized Signature) (Printed Supervisor Name) 3. DATE OF INJURY 4. DESCRIBE INJURY 5. CURRENT SHIFT/HO	ROVIDED BY MICHIGAN	(Supervisor em	ail) (Date) (Department Address	(Work Phone) (Fax Number)	Т ОF
(Authorized Signature) (Printed Supervisor Name) 3. DATE OF INJURY 4. DESCRIBE INJURY 5. CURRENT SHIFT/HO 6. IS THIS EMPLOYEE I	ROVIDED BY MICHIGAN URS DOT CERTIFIED? Y	(Supervisor em (Department)	ail) (Date) (Department Address	(Work Phone) (Fax Number)	Т ОF ——
Authorized Signature) (Printed Supervisor Name) 3. DATE OF INJURY 4. DESCRIBE INJURY 5. CURRENT SHIFT/HO 6. IS THIS EMPLOYEE II 7. IS THIS VISIT THE F	ROVIDED BY MICHIGAN URS DOT CERTIFIED? Y	STATE UNIVERSITY (Supervisor em (Department) PS	(Date) (Department Address (FLUID EXPOSURE? Yes	WORK RELATED INJURY. (Work Phone) (Fax Number)	

- 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. <u>THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MSU IN WRITING</u>. ALL PATIENTS ARE REQUIRED TO SHOW A PICTURE I.D. AT THE TIME OF REGISTRATION TO VERIFY IDENTITY.

Updated: February 2021