



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

ST. FRANCIS CAMPUS

WANAMAKER

2641 SW Wanamaker Rd

Suite 150

Topeka, KS 66614

Phone: (785) 272-2161 Fax: (785) 272-1970

AUTHORIZATION FORM

Send the form with your employee or fax it to: (785) 272-1970 DATE: _____

EMPLOYEE NAME: _____ DATE OF INJURY: _____

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____ PO/JOB #: _____

SUPERVISORS NAME: _____ PHONE: _____

SEND REPORTS VIA: FAX _____ E-MAIL _____

MAIL _____ OTHER _____

****SERVICES RENDERED ON CHECKED ITEMS ONLY****

<p><u>WORK COMP INJURY</u></p> <p><input type="checkbox"/> Bill Above Named Company</p> <p><input checked="" type="checkbox"/> Bill Workers Comp Insurance Carrier: It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers' compensation insurance carrier. Please provide carrier info and claim number below.</p> <p>Workers Comp Insurance Carrier Company: <u>KASB Workers Compensation Fund, Inc.</u> Phone: <u>785-271-4533</u> Address: <u>P.O. Box 3879</u> Adjustor: <u>Liz Maisberger-Clark</u> City: <u>Topeka</u> State: <u>KS</u> Zip: <u>66604-3879</u> Claim No.: _____</p> <p>Your assistance in providing the claim number for this injury will expedite the management of this injury and the processing of claims.</p>	<p><u>DRUG SCREEN</u></p> <p><input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT Collection <input checked="" type="checkbox"/> Non-DOT Collection <input type="checkbox"/> Quick Screen <input type="checkbox"/> Hair <input type="checkbox"/> Other _____</p> <p><u>ALCOHOL TESTING</u></p> <p><input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Other _____</p> <p><u>REASON FOR TEST</u></p> <p><input type="checkbox"/> Post Accident <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Other _____</p> <p><u>PHYSICAL EXAMS</u></p> <p><input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT</p> <p><u>OTHER</u></p> <p><input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
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AUTHORIZED BY: Brian White (PRINT NAME) TITLE: Executive Director of HR & Ops (REQUIRED)