

CHEBOYGAN • OTSEGO • PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT

6065 Learning Lane
(231) 238-9394



Indian River, MI 49749
Fax (231) 238-8551

INITIAL AUTHORIZATION TO TREAT FORM

All additional treatments/services beyond first visit need approval from CCMSI.

Employer: please complete this form and send with employee for work-related injury.

Employee Information		
Name:		Date:
Date of birth:	Social Security number:	
Location where accident/injury occurred:		
Date of injury:	Injured body part(s):	
Brief description of injury/accident:		
Employer Information		
Employer: Cheboygan-Otsego-Presque Isle Educational Service District (COPESD) Contact: Peggy Bush		
Phone: 231-238-9394	Fax: 231-238-8551	
Address: 6065 Learning Lane, Indian River, MI 49749		
Authorized signature:	Peggy Bush, Finance Assistant-HR bushp@coped.org	
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>		
Billing Information		
Workers' compensation insurance/third-party administrator: Cannon Cochran Management Services Inc. (CCMSI)		
Billing address: 2364 Woodlake Drive, Ste. 100, Okemos, MI 48864		
Phone: 517.347.2331	Fax: 217.477.5970	Claim number:
<i>All additional treatments/services beyond initial visit need approval from CCMSI. The employer, via CCMSI, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		
Medical Clinics		Clinic with After-hours care
<i>Indian River Medical Center, 6135 Cressy St., Indian River, MI 49749</i> <i>Thunder Bay Community Health, 205 S Bradley Hwy, Rogers City</i> <i>Thunder Bay Community Health, 21258 M-68 Hwy, Onaway</i>		<i>Med Care Walk-In Clinic</i> <i>1996 Walden Dr.</i> <i>Gaylord, MI 49735</i>

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Mary Vratanina, Superintendent
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AUTHORIZATION TO TREAT FORM

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Employer: Cheboygan-Otsego-Presque Isle Educational Service District (COPESD)		
Employee name:		
Medical Diagnosis <i>(to be completed by medical provider)</i>		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee able to return to work full duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee fully disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
If unable to perform full duties, please specify restrictions:		
If employee is fully disabled, what is the estimated time away from work?		
Physician name (please print):	Phone:	
Address:		
Physician's signature:	Date:	
Date & time of next office visit:		
Please note - all additional treatments/services beyond initial visit need approval from CCMSI. The patient is financially responsible for all other services unless otherwise authorized.		

When completed, please fax to:
Cheboygan-Otsego-Presque Isle Educational Service District (COPESD)
Attn: Peggy Bush, Human Resources
6065 Learning Lane, Indian River, MI 49749
Phone: 231-238-9394
Fax: 231-238-8551

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