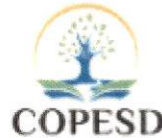


CHEBOYGAN • OTSEGO • PRESQUE ISLE EDUCATIONAL SERVICE DISTRICT

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: Bridget Merchant	
Phone: 231-238-9394	Fax: 231-238-8551
Address: 6065 Learning Lane, Indian River, MI 49749	
Authorized signature: 	Bridget Merchant, Finance Assistant-HR merchantb@copepd.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 Workers 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 - Call First if Possible	Medical Clinics - Call First if Possible
<p><i>OMH Medical Group – Indian River Clinic, 3860 S. Straits Hwy., Indian River, MI 49749</i></p> <p><i>OMH Medical Group – Lewiston 3040 Bourn St., Lewiston, MI 49756</i></p> <p><i>OMH Walk-In Clinic – Gaylord 1996 Walden Dr. Gaylord, MI 49735</i></p> <p><i>Munson Healthcare Specialty Clinic – Elmira 2572 North US-131 Elmira, MI 49730</i></p>	<p><i>Thunder Bay Community Health Service 21258 M-68 Hwy, Onaway, MI 49765</i></p> <p><i>Grayling Community Health Center 1100 E. Michigan Ave., Grayling, MI 49738</i></p> <p><i>Rogers City Health Center 205 S. Bradley Hwy. Rogers City, MI 49779</i></p>

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AUTHORIZATION TO TREAT FORM Page 2

Employer: Cheboygan-Otsego-Presque Isle Educational Service District (COPESD)		
Employee name:		
Medical Diagnosis (to be completed by medical provider)		
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:		
<i>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.</i>		

When completed, please fax to:

Cheboygan-Otsego-Presque Isle Educational Service District (COPESD)
 Attn: Bridget Merchant, Human Resources
 6065 Learning Lane, Indian River, MI 49749
 Phone: 231-238-9394
 Fax: 231-238-8551