CCN CALIFORNIA CONTRACTORS NETWORK

ATHENS People, Powered.

TREATMENT AUTHORIZATION

We are authorizing the below listed location to provide services to our employees:

Address:

Phone: Fax:

Company Name: Employer #:

Primary Contact Name: Email:

Phone: After hours/Cell:

Employee Details:

Date: Time: AM or PM

Patient Name: Department:

Does employee work for a Temp/Leasing Company: Yes No Name of Temp Agency:

Authorized By: Name Phone:

Title: After hours/Cell:

Signature: Verbal

Insurance Company Name: Athens Administrators

Claims Address: P.O.Box 696, Concord, CA 94522 Phone: 866-482-3535 Effective Date:

Policy # Expiration Date:

Injury: Date of Injury: Last Worked:

Injured Body Part: Claim #

Return-To-Work Evaluation:

Physical Exam Type: Protocol #

Drug/Alcohol Test. Specify Type and Reason/Purpose Below Protocol #

Type:		Reason/Purpose	
DOT Drug Test	DOT Breath Alcohol Test	Pre-employment	Resonable Suspicion
Non-DOT Drug Test	Non-DOT Breath Alcohol Test	Post-Accident	Random
Instant Check Test		Return to Duty	Post-Injury

NOTE: PICTURE ID REQUIRED FOR DRUG TESTING