



Employee On-the -Job Injury Initial Medical Referral Form

Instructions: This form should be completed by the employee's supervisor and then taken by the employee to the authorized medical treatment center.

Medical treatment evaluation is authorized with:

* UH DWHU 0RELOH 8UJH 2OG 6KHOO 5RDG 0RELOH \$/ 251- GLDO 2SHQ 0) P D S P	USA Health Industrial Medicine (1976 Michigan Avenue. Mobile, AL 36615 251-660-5910) R U I W K B X U Q Z H H N H Q G * UH DWHU 0RELOH 8UJH 2OG 6KHOO 5RDG 0RELOH \$/ GLDO 2SHQ 0) D P S P : H H N H Q G V D P
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Please type or print

Employee Name: _____ J#: _____

Date of Injury: _____

Brief Description of Accident:

6XSHUYLV RU V (PDLO \$GGUHV V Supervisor V 3KRQH & HOO _____

Supervisor's Signature: _____ Date: _____

Employee Signature: _____ Date: _____

My signature above serves as an authorization to release medical records pertaining to this injury to Brentwood Services for claim management.

PROVIDER INSTRUCTIONS : All On-The-Job Injury medical claims must be filed directly to Brentwood Services Administrators at:

%UH QWZRRG 6HU YLFHV \$GPLQLVWUDWRUV
3 2 %R [0LOZDX:ÑHH
)D[

mail directly to the employee's home address a personal card. Please provide the pharmacist the following information:

BIN: 021775 PNC: BSA Group ID: BSAAE

Member ID: SS# + DOI PC:01

OJI New Injury Notification - Pharmacists



University of South Alabama

Employer Disclaimer: The first aid program is only authorized when an employee has a new injury that requires a prescription medication as part of the treatment. Employees must provide the following information to the injured worker to receive a prescription for medication:

Choose Your Pharmacy



Present the Prescription Card to YOUR RETAIL PHARMACY



Pharmacist: For Prior Authorization medications please contact our help desk. Please note plan limitations may apply and will require you to contact the help desk.

Tel: 833-989-1132

Customer Support



Questions about work related benefits please contact Workforce Ancillary Management.

Tel: 833-989-1132

Prescription Program	WAM
BIN: 021775 PCN: BSA	
Member Name:	
Employer Name: University of South Alabama (USA)	
Member ID: SSN+ DOI (12345678901234567890)	
Group ID: BSAAE	
For Customer Support, Prior Authorization or Provider Relations please call 833-989-1132	