

# Authorization to Provide Services



*To:* Attending Physician or Emergency Response Team

*From:* Brian Kooistra  
Director of Construction Services

*Re:* Authorization to provide treatment & administer drug screen

*Date:* February 6, 2012

---

Per the undersigned, you are hereby authorized to provide emergency medical treatment to: \_\_\_\_\_ (employee). The aforementioned employee experienced the accident and/or illness while on the job. This injury will be classified as a worker's compensation injury.

***Our company accident investigation procedures require that you administer a drug screen to any person seeking treatment for a job-related accident and/or illness.*** This document assures that you will be compensated for your services and authorizes you to provide treatment and administer the required drug screen.

Signed: \_\_\_\_\_  
Job Site Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Construction Services

\_\_\_\_\_  
Date

CHG Federal ID Number 35-1278333

Claims Administrator: Joyce Gilfoy

Note: Direct all evaluations, drug screen results & drug screen invoices to:  
Joyce Gilfoy  
Phone: 812-234-3714

Garmong Construction Services  
3050 Poplar Street  
Terre Haute, Indiana 47803  
Phone (812) 234-3714 Fax (812) 234-1403  
[www.garmong.net](http://www.garmong.net)

Revised 2/6/2012