



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. good for 14 days. Once the first fill is processed and

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

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UHJLVWHU DVS[

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 be eligible for coverage under the plan. Some medications may require Prior Authorization.

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 contact Workforce Ancillary Management.	