



Authorization to Evaluate and/or Treat at QUCW

Please be advised that if appropriate work-related injury insurance information is not provided, both the employee and the employer will be held liable for any services rendered. This aligns with the regulations outlined in workers compensation laws in Florida. QUCW requires updated information by the 2nd visit to avoid unnecessary cost or burden to the employer or patient. QUCW has the right to refuse follow up care or require payment upfront if Workers Comp Company information is not provided by the 2nd encounter.

Quality Urgent Care and Wellness (QUCW) is authorized by _____ (employer) and the Supervisor _____ to Perform the following for employee: _____ (name) starting on _____ (date)

If Related to Work what area is QUCW authorized to treat: _____

Employee Information:

Name (First, Last): _____

Date of Birth: _____

Social Security Number or Claim Number: _____

Point of Contact for Employee/Employer:

Name: _____ Email: _____

Phone: _____

Employer Information:

Name: _____ Phone: _____

Address: _____

Workers Comp Company Information:

Name: _____ Phone: _____

Address: _____

Choose Service QUCW to complete today:

OCC HEALTH

Drug Screen: Results Faxed to _____

Pre-Employment Physical: Results Faxed to: _____

WORKERS COMP

Workers Comp Evaluation with authorization to evaluate and treat for initial and follow up evaluations.

During the initial evaluation, QUCW shall perform the following services:

- Drug Screen
- BAT
- Tetanus Shot
- Other: _____