



**AUTHORIZATION TO INVOICE MSU**  
**MICHIGAN STATE UNIVERSITY**  
**HUMAN RESOURCES**  
**WORKERS' COMPENSATION**  
**1407 S. HARRISON STE 110**  
**EAST LANSING, MI 48823**  
**PHONE:517-353-4434 FAX: 517-432-4102**

<b>FACILITIES: LANSING URGENT CARE*</b>	<b>EMERGENCY FACILITY*</b>
<u>Frantor</u> 505 North Clippert Street Lansing, MI 48912  <u>Okemos</u> 2289 Grand River Okemos, MI 48864  <u>Southside</u> 320 E. Jolly Road Lansing, MI 48910  <u>Westside</u> 4440 West Saginaw Lansing, MI 48917  <b>Hours at all facilities: Mon-Sat 9am-9pm; Sun 9am-6pm</b>	<p align="center"><u>SPARROW HOSPITAL ER</u>            1215 E Michigan Avenue            Lansing MI 48909            517-364-4141</p> <ol style="list-style-type: none"> <li>Use this facility for injuries occurring after 9pm Monday-Saturday, after 6pm on Sunday or any potentially life-threatening emergency.</li> <li>All follow-up visits must be at a Lansing Urgent Care facility.</li> </ol>

- COMMERCIAL DRIVERS NEEDING POST ACCIDENT BREATH ALCOHOL TESTING AND URINE DRUG SCREENS EVENINGS AND WEEKENDS CAN GO TO ANY LANSING URGENT CARE FACILITY

1. \_\_\_\_\_ IS AUTHORIZED TO RECEIVE MEDICAL TESTS AND TREATMENT WITH PAYMENT OF SERVICES TO BE PROVIDED BY MICHIGAN STATE UNIVERSITY IF THE SERVICES ARE FOR A WORK RELATED INJURY.

2.

\_\_\_\_\_  
 (Authorized Signature) (Supervisor email) (Date) (Work Phone)

\_\_\_\_\_  
 (Printed Supervisor Name) (Department) (Department Address) (Fax Number)

3. DATE OF INJURY \_\_\_\_\_

4. DESCRIBE INJURY \_\_\_\_\_

5. CURRENT SHIFT/HOURS \_\_\_\_\_

6. IS THIS EMPLOYEE **DOT CERTIFIED**? Yes  No

7. EMPLOYEE'S JOB TITLE OR CLASSIFICATION \_\_\_\_\_

		Yes	No	Percentage of Time
<b>Job involves:</b>	Lifting (in lbs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Standing	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Operating Machinery	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Working from Heights	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. PRESCRIPTION TO BE FILLED AT MSU CLINICAL CENTER OR OLIN HEALTH CENTER

9. FAX AFTER HOURS OR OVERNIGHT REPORTS TO LANSING URGENT CARE AT 517-492-2090

10. **THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MSU IN WRITING. ALL PATIENTS ARE REQUIRED TO SHOW A PICTURE I.D. AT THE TIME OF REGISTRATION TO VERIFY IDENTITY.**

\* If transportation is needed, please call Capitol Transport at 517-485-4400.