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:

*UHDWHU 0RELOH 8UJHQW &DUH
2OG 6KHOO 5RDG
0RELOH $/
251-
2SHQ 0) D P S P

USA Health Industrial Medicine
1976 Michigan Avenue.
Mobile, AL 36615
251-660-5910

)RU DIWHU KRXUV &ZHHNHQG
*UHDWHU 0RELOH 8UJH
2OG 6KHOO 5RDG
0RELOH $/
GLDO
2SHQ 0) D P
:HHNHQGV D P

Please type or print

Employee Name:

OJI New Injury Notification - Pharmac

Brentwood services administrators

University of South Alaba

Employer Disclaimer: The first f ogram is only authorized when an employee has a new injury that requires a prescription medication as part provide the following information to the injured worl medication

Choose Yo

Present the Prescription Card to YOUR RETAIL PHARMACY

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

Tel: 8 989-1132

Customer Support

Questions about work related benefits p ase contact Workforce Ancillary Management.

Tel: 833-989-1132

Prescription Program

BIN: 021775 PCN: BSA
Member Name:
Employer Name: Un .S (USA)
Member ID: SSN+ DOI (123
Group ID: BSAAE
For Customer Support, Prior Authorization or Provider Relations please