



HAMILTON COMMUNITY SCHOOLS

4815 136th Ave. Hamilton, MI 49419

Phone: (269) 751-5148

#EachWillThrive

INITIAL AUTHORIZATION TO TREAT FORM

All additional treatments/services beyond first visit need approval from CCMSI.

Employer: please complete this form and send with employee for work-related injury.

Employee Information		
Name:		Date:
Date of birth:	Social Security number:	
Location where accident/injury occurred:		
Date of injury:	Injured body part(s):	
Brief description of injury/accident:		
Employer Information		
Employer: Hamilton Community Schools		
Phone: 269-751-5148	Fax:	
Address: 4815 136 th Avenue Hamilton, MI 49419		
Authorized signature: <i>Betsy Moore</i>	Printed name & title: Betsy Moore- Human Resources	
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>		
Billing Information		
Workers' compensation insurance/third-party administrator: Cannon Cochran Management Services Inc. (CCMSI)		
Billing address: 2364 Woodlake Drive, Ste. 100, Okemos, MI 48864		
Phone: 517.347.2331	Fax: 217.477.5970	Claim number:
<i>All additional treatments/services beyond initial visit need approval from CCMSI. The employer, via CCMSI, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		
Medical Clinic		After-hours care
Holland Medi-Center 335 120 th Ave Holland, MI 49424 7am to 6pm		Holland Urgent Care 3235 North Wellness Drive, Suite 140 Holland, MI 49424 6pm- 8pm Holland Hospital Emergency Room 602 Michigan Ave. Holland, MI 49423 For after 8pm

AUTHORIZATION TO TREAT FORM

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District name: Hamilton Community Schools		
Employee name:		
Medical Diagnosis <i>(to be completed by medical provider)</i>		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee able to return to work full duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee fully disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
If unable to perform full duties, please specify restrictions:		
If employee is fully disabled, what is the estimated time away from work?		
Physician name (please print):		Phone:
Address:		
Physician's signature:		Date:
Date & time of next office visit:		
Please note - all additional treatments/services beyond initial visit need approval from CCMSI. The patient is financially responsible for all other services unless otherwise authorized.		

When completed, please send to:
Hamilton Community Schools
Attn: Betsy Moore
4815 136th Avenue | Hamilton, MI 49419
Phone: 269-751-5148