



INFINITI HR AUTHORIZATION FOR MEDICAL SERVICES and INJURY CARE PROTOCOL

Employer:

Infiniti HR

3905 National Drive | Burtonsville | Maryland 20866 | P: 866.552.6360 | F: 301.260.1030

Contacts: Sheldon Altschuler | sheldon@infinitih.com or risk@infinitih.com**Workers' Compensation Coverage:**

Zurich | Policy #: WC1092446

Billing: Zurich Workers' Compensation

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Protocol:

- All medical reports and injury status forms should be faxed and mailed to Infiniti HR
- Post Accident drug and BAT testing is required for all employees treating post-accident
- Modified/Light Duty is always available for all employees regardless of their occupation
- All bills should be directed to Infiniti HR
- *Client Company* protocols should not be individually established

Employee Name: _____; **Date:** _____;SSN: _____; **Date of Birth:** _____; **Client Company:** _____;**Medical Treatment:** _____ Work Related Injury; _____ Work Related Illness;**Substance Abuse Testing:** _____ Non-Regulated Drug Screen; _____ Breath Alcohol;
_____ Rapid Drug Screen; _____ Regulated Drug Screen (DOT);**Reason for Testing:** _____ Post Accident; _____ Preplacement;
_____ Reasonable Cause; _____ Random; _____ Follow-up;**Physical Examination:** _____ Preplacement; _____ Fit-for-Duty;
_____ Annual; _____ DOT; _____ DOT(Re-certification)**Special Examination:** _____ Asbestos; _____ Respirator; _____ Audiogram;
_____ HAZMAT; _____ Medical Surveillance;
_____ Vaccine (please specify): _____

Authorized by: _____; Title: _____

Phone: _____; Date: _____