



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

ST. FRANCIS CAMPUS

WANAMAKER

2641 SW Wanamaker Rd

Suite 150

Topeka, KS 66614

Phone: (785) 272-2161 Fax: (785) 272-1970

AUTHORIZATION FORM

Send the form with your employee or fax it to: (785) 272-1970

DATE: _____

EMPLOYEE NAME: _____ DATE OF INJURY: _____

COMPANY NAME: Auburn Washburn USD 437 PHONE: 785-339-4000

COMPANY ADDRESS: 5928 SW 53rd St FAX: 785-339-4027

CITY: Topeka STATE: KS ZIP: 66610 PO/JOB #: _____

SUPERVISORS NAME: _____ PHONE: _____

SEND REPORTS VIA: FAX _____ E-MAIL: Clarkche@usd437.net

MAIL _____ OTHER _____

****SERVICES RENDERED ON CHECKED ITEMS ONLY****

WORK COMP INJURY	DRUG SCREEN
<input type="checkbox"/> Bill Above Named Company	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT Collection <input checked="" type="checkbox"/> Non-DOT Collection <input type="checkbox"/> Quick Screen <input type="checkbox"/> Hair <input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Bill Workers Comp Insurance Carrier: It is the responsibility of the company to call in a First Report of Injury (Form IA-1) to your workers' compensation insurance carrier. Please provide carrier info and claim number below.	ALCOHOL TESTING
Workers Comp Insurance Carrier Company: <u>KASB Workers Compensation Fund, Inc.</u> Phone: <u>785-271-4533</u> Address: <u>1420 SW Arrowhead Rd</u> Adjustor: <u>Liz Maisberger Clark</u> City: <u>Topeka</u> State: <u>KS</u> Zip: <u>66604</u> Claim No.: _____	<input type="checkbox"/> DOT <input type="checkbox"/> Non-DOT <input type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Other _____
Your assistance in providing the claim number for this injury will expedite the management of this injury and the processing of claims.	REASON FOR TEST
	<input checked="" type="checkbox"/> Post Accident <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Other _____
	PHYSICAL EXAMS
	<input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT
	OTHER
	<input type="checkbox"/> _____ <input type="checkbox"/> _____

AUTHORIZED BY:
(PRINT NAME)

TITLE: 8/9/24
(REQUIRED)

Chelsea Clark

Executive Director of Human Resources