



# Emergency Room and Urgent Care Authorization for Treatment

City of Palm Springs - Occupational Health and Safety

JFK Emergency Department

Desert Regional Medical Center

Eisenhower Medical Center

Other

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Employer: City of Palm Springs

Department: \_\_\_\_\_

Body Part (Illness): \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Injury/Illness Description: \_\_\_\_\_

### DRUG TESTING:

Instant	Drug Screening	Collection-Lab	Random	NIDA	Non NIDA
Breath Alcohol Test	Hair Collection	Reasonable Cause	Post Accident		

### PHYSICALS:

Return To Work	Lift Test	Pulmonary Function Mask Fitting
Fit For Duty	PPD TB	Back X-Ray Chest X-Ray

Other: \_\_\_\_\_

### SPECIAL INSTRUCTIONS:

Please send results to [Workers.Compensation@palmsspringsca.gov](mailto:Workers.Compensation@palmsspringsca.gov)

### BILLING INFORMATION:

**Adminsure Inc.**  
3380 Shelby Street  
Ontario, CA 91764

Phone: 909-978-2962  
Fax: 909-860-3995

Claim Number: \_\_\_\_\_

Claim Number TBA

PHONE: 760-323-8215

AUTHORIZING SIGNATURE \_\_\_\_\_