

**AUTHORIZATION
 FOR SERVICES**

Name: _____

Corporate Bill

Company Name: Stetson University #24558559

Self Pay

Worker's Compensation	Rapid Testing				
<input type="checkbox"/> Injury Treatment <input type="checkbox"/>	<input checked="" type="checkbox"/> Covid Antigen Rapid Test (CPT 9999910) <input checked="" type="checkbox"/> Office Visit - (CPT 99212) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Prescription Dispensing Program:					
May we fill W/C Prescriptions on-site? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td><input type="checkbox"/></td><td>No</td></tr> </table>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes				
<input type="checkbox"/>	No				

Fax - 386-822-8152

Additional Notes/Comments:
Release to Stetson Health Service and Dean of Students

Authorized by: Lynn Schoenberg Date: 8/8/2020 Phone: 386-822-7473

Phone Auth From: _____ Received by: _____ Date: _____ Time: _____



Date: _____ Center location: _____

Patient name: _____

DOB: _____ FIN: _____

COVID-19 testing: Sars Antigen FIA rapid test results:

Positive

Negative

Provider name (Print)

Signature