TREATMENT AUTHORIZATION

AUT

U.S. HealthWorks MEDICAL GROUP
A Dignity Health Member

We are authorizing the below listed U.S. HealthWorks(s) to provide services to our employees. By doing so, we acknowledge that if the claim is denied by our insurance carrier, we will notify USHW of the denial and will be responsible for payment for all services rendered and any medically-necessary items dispensed.

SAN DIEGO LOCATIONS

KEARNY MESA
5575 Ruffin Rd, Ste 100
Ph: (858) 277-2744
Fx: (858) 277-3085

SANTEE
9745 Prospect Ave
Ste 100
Ph: (619) 448-4841
Fx: (619) 448-8700

LA MESA
8090 Parkway Dr
Ph: (619) 697-3093
Fx: (619) 697-3135

MIRAMAR
7590 Miramar Rd, Ste C
Ph: (858) 549-4255
Fx: (858) 549-4552

CHULA VISTA
1111 Broadway, Ste 305
Ph: (619) 425-8212
Fx: (619) 425-1604

MURRIETA
25285 Madison Ave
Ste 101
Ph: (951) 600-9070
Fx: (951) 600-9177

SORRENTO MESA
5897 Oberlin Dr, Ste 100
Ph: (858) 455-0200
Fx: (858) 455-0044

NATIONAL CITY
102 Mile of Cars Wy
Ph: (619) 474-9211
Fx: (619) 474-2000

ESCONDIDO
860 West Valley Pkwy
Ste 150
Ph: (760) 740-0707
Fx: (760) 740-0730

OCEANSIDE
3910 Vista Wy, Ste 106
Ph: (760) 941-2000
Fx: (760) 941-4900

HILLCREST
3930 4th Ave, Ste 200
Ph: (619) 297-9610
Fx: (619) 297-2244

CARLSBAD
5810 El Camino Real
Ste A
Ph: (760) 929-8269
Fx: (760) 929-8556

SEE REVERSE SIDE FOR MAPS & HOURS

DETAILS

EMPLOYER NAME: Fallbrook Union High School District
EMPLOYER #: 65690
PRIMARY CONTACT NAME: Patty Genel
EMAIL: pgenel@fuhsd.net
ADDRESS: 2234 South Stagecoach Lane
CITY: Fallbrook
PHONE: 760-723-6332 ext. 6493
PHONE (AFTER HRS/CELL PH):
FAX: 760-723-1795
E-MAIL:

EMPLOYEE DETAILS

DATE:
TIME: AM OR PM
PATIENT NAME:
DEPARTMENT:
DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? ❑ YES ❑ NO
NAME OF TEMP AGENCY:
AUTHORIZED BY: NAME (PRINT): Patty Genel
PHONE: 760-723-6332 ext. 6493
TITLE: Human Resources Technician
AFTER HRS / CELL PH:
SIGNATURE: Patty Genel
( ) VERBAL

INSURANCE

INSURANCE COMPANY NAME:
CLAIMS ADDRESS:
PHONE #:
EFFECTIVE DATE:
POLICY #:
EXPIRATION DATE:

SERVICES

❍ INJURY: DATE OF INJURY:
LAST WORKED:
INJURED BODY PART:
CLAIM #:
❍ RETURN-TO-WORK EVALUATION
❍ PHYSICAL EXAM TYPE: TB Test
PROTOCOL #: P O59
❍ DRUG/ALCOHOL TEST. SPECIFY TYPE AND REASON/PURPOSE BELOW
PROTOCOL #

TYPE:

❑ DOT DRUG TEST
❑ DOT BREATH ALCOHOL TEST
❑ NON-DOT DRUG TEST
❑ NON-DOT BREATH ALCOHOL TEST
❑ INSTANT CHECK TEST

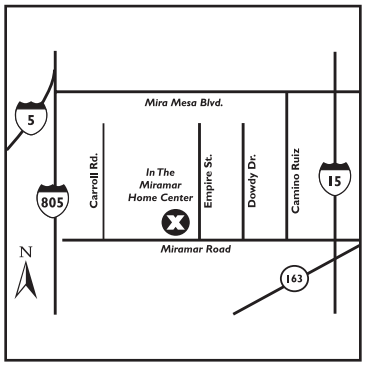
REASON/PURPOSE:

❑ PRE-EMPLOYMENT
❑ REASONABLE SUSPICION
❑ POST-ACCIDENT
❑ RANDOM
❑ RETURN TO DUTY
❑ POST-INJURY

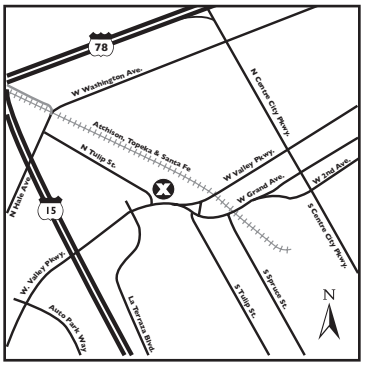
PICTURE ID REQUIRED

Rev. 06/21/2013

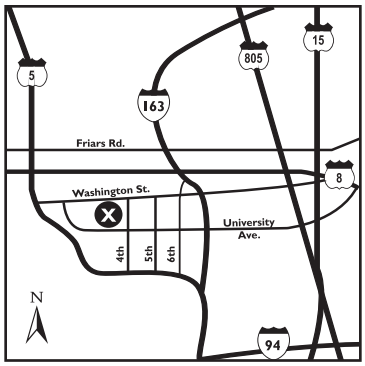
KEARNY MESA
24 hours, 7 days a week



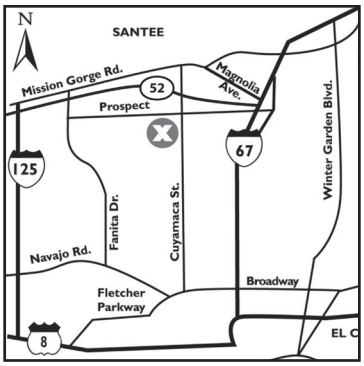
MIRAMAR
Mon-Fri: 8am-5pm



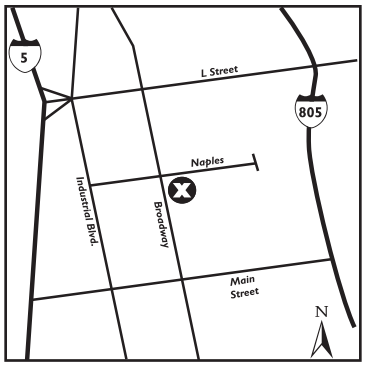
ESCONDIDO
Mon-Fri: 7am-7pm



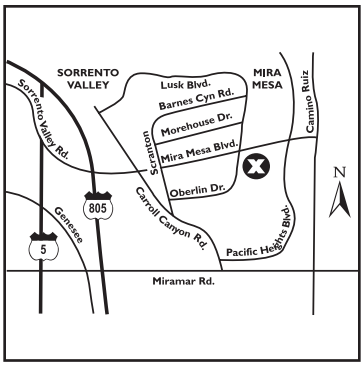
HILLCREST
Mon-Fri: 7am-7pm



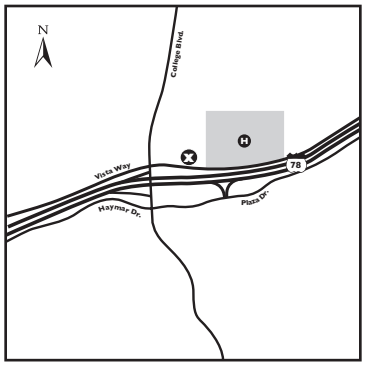
SANTEE
Mon-Fri: 7am-5pm



CHULA VISTA
Mon-Fri: 8am-6pm
Sat: 9am-3pm

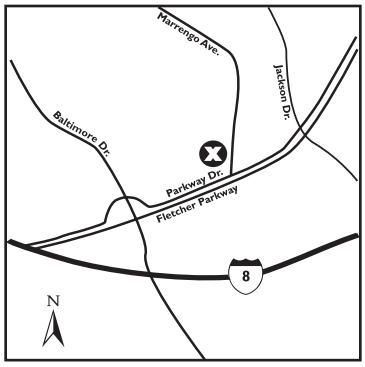


SORRENTO MESA
Mon-Fri: 8am-5pm



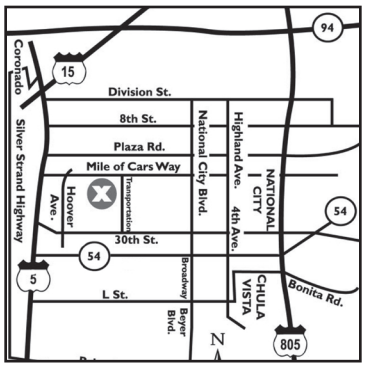
OCEANSIDE
Mon-Fri: 8am-7pm
Sat: 10am-3pm

CARLSBAD
Mon-Fri: 7am-6pm



LA MESA
Mon-Fri: 8am-5pm

MURRIETA
Mon-Fri: 8am-7pm



NATIONAL CITY
Mon-Fri: 7am-9pm

U.S. HealthWorks®
MEDICAL GROUP
A Dignity Health Member

Rev. 06/21/2013