



Employee On -the -Job Injury Initial Medical Referral Form (USA Campus Employees Only)

Instructions: This form should be completed by the employee's supervisor and then taken by the employee to the authorized medical treatment center.

Medical treatment evaluation is authorized with:

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& R P S D V W H Q W U H
\$ L U S R U W % R X O F
AL 366 8
251-
2 S H Q 0) D P
USA Health Industrial Medicine
1976 Michigan Avenue.
Mobile, AL 36615
251-660-5910
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My signature above serves as an authorization to release medical records pertaining to this injury to Brentwood Services for claim management.

PROVIDER INSTRUCTIONS : All On-The-Job Injury medical claims must be filed directly to Brentwood Services Administrators at:

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: R U N & R P S (' ,
: \$ O J R Q T X L Q 6 X L W H
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7 H O H S K R Q H Q X P E H U
3 U R Y L D S S S O O O L Q H
K W W S V H F X U H L F R P S H G L F R P U H J L V W H U U H J L V W H U D V S [
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Pharmacy Benefit: All employees given a prescription related to an on-t

OJI New Injury Notification - Pharmacists



University of South Alabama

Employer Disclaimer: The first aid program is only authorized when an employee has a new injury that requires a prescription medication as part of the treatment. Employees must provide the following information to the injured worker to ensure that the program can provide the medication:

Choose Your Pharmacy



Present the Prescription Card to YOUR RETAIL PHARMACY



Pharmacist: For Prior Authorization medications please contact our help desk. Please note plan limitations may apply and will require you to contact the help desk.

Tel: 833-989-1132

Customer Support



Questions about work related benefits please contact Workforce Ancillary Management.

Tel: 833-989-1132

Prescription Program	WAM
BIN: 021775 PCN: BSA	
Member Name:	
Employer Name: University of South Alabama (USA)	
Member ID: SSN+ DOI (12345678901234567890)	
Group ID: BSAAE	
For Customer Support, Prior Authorization or Provider Relations please contact:	