



Employee On-the-Job Injury Initial Medical Referral Form

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:

* UHDWHU 0RELOH 8U 2OG 6KHOO 5RDG 0RELOH \$/ 251- GLDO 2SHQ 0) D P S P	USA Health Industrial Medicine (1976 Michigan Avenue. Mobile, AL 36615 251-660-5910) R U I W K X U Q Z H H N H Q G * U H D W H U 0 R E L O H 8 U J H 2 O G 6 K H O O 5 R D G 0 R E L O H \$ / G L D O 2 S H Q 0) D P : H H N H Q G V D P
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Please type or print

Employee Name:

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 our help desk.	