Workers' Compensation Authorization Form

Patient Information

Patient Name DOB Date of Injury

Type of Injury

County of Orangeburg

Keith Scharf - Risk Manager

Office: (803) 533-6151/**Mobile:** (803) 928-4098

PO Box 9000 Orangeburg, SC 29116-9000

1) WORKERS' COMPENSATION CARRIER *BILLING INFORMATION*:

Ariel TPA

PO Box 212159 Columbia, S.C. 29221

1-855-222-6379

Fax 1-855-328-9307

2) DRUG AND BREATH ALCOHOL TEST *BILLING INFORMATION*:

COUNTY OF ORANGEBURG **(DIRECT BILL THE COUNTY FOR DRUG/ALCOHOL TESTS)

P.O. BOX 9000

ORANGEBURG, S.C. 29116-9000

ATTN: Human Resources

**DRUG SCREEN REQUIRED?

**BREATH ALCOHOL REQUIRED?

DOT Employee?

This certifies that the above information is correct.
I authorize the medical provider to provide medical treatment to the employee named above.

Signature or Company Authorization Number Date

Printed Name Position Title

RMC Information

Form Completed By Initials

Location Date