



When you need care **NOW!**

3440 Declaration Boulevard  
Sumter, SC 29150  
Phone: (803) 905-FAST  
Fax: (803) 905-3282

### WORKERS' COMPENSATION AUTHORIZATION

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

**Substance Abuse Testing Required:**

Alcohol: Yes ( ) No ( )

Drug Screen: Yes ( ) No ( )

Worker' Compensation Carrier: \_\_\_\_\_

Incident Report Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Treatment Authorized By: \_\_\_\_\_

(Print Name)

(Signature)

(Job Title)

*NOTE: Should this Worker's Compensation claim be denied by your W/C carrier, Faster Care will bill your company for the services provided to your employee, As it will be the full responsibility of the employer.*

**Please Sign Here** \_\_\_\_\_