



Emergency care without the wait.

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: _____

Address: _____

Phone: _____

Treatment Authorized/Reported to Insurance company by: _____

Print name and 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. **