ACCU STAFFING SERVICES | CPS CORPORATE PLANNED STAFFING | Nation-Wide Staffing Management, Inc. | 911 staffing LLC | TEMP STAFFING LLC

# AUTHORIZATION TO TREAT

Date _____ Time _____ ☐ AM ☐ PM

To Hospital/Clinic Staff of _____

Please accept this letter as your authorization to treat our employee for the following suspected work-related injury _____

Employee Name _____

Please bill ACCU Personnel, Inc. at:

ACCU Personnel, Inc.
Attn: Risk Manager
911 Kings Highway North
Cherry Hill, NJ 08034

You may fax invoices and any reports to 856-779-8808. For any questions please contact us at 856-482-2222.

- Post-Injury drug screens are absolutely mandatory at the time of initial visit per ACCU company policy. There are no exceptions.
- Alcohol breath tests are given at the request of ACCU staff supervisors or at the discretion of the hospital or clinic staff who may detect possible alcohol intoxication.
- **THE EMPLOYEE WILL ONLY BE TREATED AT THE MEDICAL FACILITY IDENTIFIED IN THIS LETTER OF "AUTHORIZATION TO TREAT."**
- Any other medical treatment at any other medical facility will be **UNAUTHORIZED** treatment and payment WILL BE the sole responsibility of the employee.

Person Authorizing Treatment *(please print)* _____

Branch or On-Site Location _____

Signature of Authorizer _____ Date _____