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**Clio Area Schools**

Clio, Michigan 48420  
 Telephone (810) 591-0500  
 FAX (810) 591-0140



JAMES TENBUSCH, *Ph.D., Superintendent*  
 FLETCHER SPEARS, III, *Assistant Superintendent for Business & Operations*  
 EDWARD GRAHAM, *Ph.D., Assistant Superintendent for Curriculum & Instruction*

**INITIAL AUTHORIZATION TO TREAT FORM**

*All additional treatments/services beyond first visit need approval from CCMSI.*

*Employer: please complete this form and send with employee for work-related injury.*

<b>Employee Information</b>		
Name:		Date:
Date of birth:	Social Security number:	
Location where accident/injury occurred:		
Date of injury:	Injured body part(s):	
Brief description of injury/accident:		
<b>Employer Information</b>		
Employer: CLIO AREA SCHOOLS		
Phone: 810-591-0500	Fax: 810-591-0140	
Address: 430 N. MILL STREET, CLIO, MI 48420		
Authorized signature:	Printed name & title: FLETCHER SPEARS, III, ASST SUPT	
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>		
<b>Billing Information</b>		
Workers' compensation insurance/third-party administrator: Cannon Cochran Management Services Inc. (CCMSI)		
Billing address: 2364 Woodlake Drive, Ste. 100, Okemos, MI 48864		
Phone: 517.347.2331	Fax: 217.477.5970	Claim number:
<i>All additional treatments/services beyond initial visit need approval from CCMSI. The employer, via CCMSI, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		
<b>Medical Clinic</b>		<b>After-hours care</b>
GENESYS OCCUPATIONAL HEALTH NETWORK 1460 N. CENTER ROAD, BURTON, MI 48509 810-715-4620 MONDAY-FRIDAY 7:30 am -10:00 pm. Saturday, Sunday & Holidays 12 pm-8pm Please arrive 30 minutes prior to close		GENESYS OCCUPATIONAL HEALTH NETWORK 1460 N. CENTER ROAD, BURTON, MI 48509 810-715-4620 MONDAY-FRIDAY 7:30 am -10:00 pm. Saturday, Sunday & Holidays 12 pm-8pm Please arrive 30 minutes prior to close

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**AUTHORIZATION TO TREAT FORM**

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District name: <b>CLIO AREA SCHOOLS</b>		
Employee name:		
<b>Medical Diagnosis (to be completed by medical provider)</b>		
Injured body part(s):		
Medical diagnosis:		
Is condition work related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee able to return to work full duty? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is employee fully disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
If unable to perform full duties, please specify restrictions:		
If employee is fully disabled, what is the estimated time away from work?		
Physician name (please print):	Phone:	
Address:		
Physician's signature:	Date:	
Date & time of next office visit:		
<i>Please note - all additional treatments/services beyond initial visit need approval from CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>		

When completed, please fax to:

CLIO AREA SCHOOLS  
Attn: FLETCHER SPEARS, III OR SUSAN MORGAN  
430 N. MILL STREET, CLIO, MI 48420  
Phone:810-591-0500/810-591-7476  
Fax:810-591-0140