

INITIAL AUTHORIZATION TO TREAT FORM

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

Employee Information		
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:		
Employer Information		
Employer: Traverse City Area Public Schools		
Phone: 231-933-1720	Fax: 231-933-1721	
Address: 412 Webster St, Traverse City 49686		
Authorized signature:	Printed name & title: Ashley Wills, Compensation and Benefits Coordinator	
		
<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>		
Billing Information		
Workers' compensation insurance/third-party administrator: Cannon Cochran Management Services Inc. (CCMSI)		
Billing address: 2455 Woodlake Circle, 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>		
Medical Clinic	After-hours care	
Munson Occupational Health 550 Munson Ave 231-935-8590	Munson Emergency Room 1105 6 th St 231-935-5000	