Authorization for Initial Treatment

_____ - - _____

Employee Name Printed | Social Security Number | Store Number

TO: APPROVED PROVIDER

The above-referenced employee has reported sustaining an occupational injury related to his or her employment with the McDonald's Owner Operator indicated below (the "Employer"). You are authorized to provide medically necessary treatment, subject to the terms of the Employer's occupational injury plan, for conditions related to the reported injury. All referrals to other approved medical providers must be approved in advance by contacting the Employer at the phone number below.

If this box is signed and dated, the employee is required to submit to a drug/alcohol screen. Please conduct a drug/alcohol screen for your panel of controlled substances and alcohol, in addition to treating the occupational injury. The results of the drug/alcohol screen must be reported confidentially only to the Employer Representative specified below.

X_____ _____/____/_____

Employer Representative Signature | Date

The attached Physician's Report of Employee Injury ("Report") must be completed by the treating physician. Please provide the employee with a copy of this Report and attach a copy to your billing document.

Your charges for medically necessary services will be paid directly by the Employer, subject to the terms of the Employer's occupational injury plan. To facilitate prompt payment, submit your billing document and a copy of the Report (physicians only) to the Employer at:

Owner Operator Bill to Address: _____

_____

Treatment and/or billing inquiries should be directed to the Employer at (_____) _____ - _____ or at the above address. For authorization to release medical records and other information relating to the above employee's occupational injury, please refer to the attached "Authorization for Release of Health Information".

_____

Name of Owner Operator Employer

X_____ _____/____/_____

Employer Representative Signature | Date

Send this form with injured employee to your medical provider.