



Employee On-the-Job Injury Initial Medical Referral Form

(USA Campus Employees Only)

Instructions: This form should be completed by the employee's supervisor and then taken by the employee to the USA Student Health Center and/or the authorized medical treatment center. Supervisors should call the USA Student Health Center in advance of the employee's arrival at 251-460-7151.

Medical treatment evaluation is authorized with:

USA Student Health Center
5870 USA South Drive
Mobile, AL 36688
251-460-7151
studenthealth@southalabama.edu

USA Health Industrial Medicine
1976 Michigan Avenue.
Mobile, AL 36615
251-660-5910

For after hours and weekends:
Greater Mobile Urgent Care
4402 Old Shell Rd.
Mobile, AL 36608
251-633-0123

Please type or print

Employee Name: _____ J#: _____

Date of Injury: _____

Brief Description of Accident:

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Signature: _____ Date: _____

Employee Signature: _____ Date: _____

My signature above serves as an authorization to release medical records pertaining to this injury to Brentwood Services for claim management.

PROVIDER INSTRUCTIONS: All On-The-Job Injury medical claims must be filed directly to Brentwood Services Administrators at:

Brentwood Services Administrators
Milwaukee, WI 53201-3236
Fax #: 1.505.213.0419
Ebill:
WorkCompEDI,
85 W. Algonquin, Suite 410
Arlington Heights, IL, 60005
Telephone number (800) 297-6906
Providers apply on-line:
<https://secure.icompedi.com/register/register.aspx>
Brentwood Payor ID:CB007
via fax to 505-213-0419

Pharmacy Benefit: All employees given a prescription related to an on-the-job injury will be given a WAM's first fill pharmacy card flyer. Please note this card will not be accepted at any physician offices that dispense medications out of their medical offices. Employees are to use this card at the retail pharmacy of their good for 14 days. Once the first fill is processed WAM will issue mail directly to the employee's home address a personal card. Please provide the pharmacist the following information:

BIN: 021775 **PNC:** BSA **Group ID:** BSAAE
Member ID: SS# + DOI **PC:**01

OJI New Injury Notification - Pharmacy



University of South Alabama (USA) – OJI Program

Employer Disclaimer: The first fill program is only authorized when an employee has a new injury that requires a prescription medication as part of their treatment. Please provide the following information to the injured worker for convenient access to medications related to the injury. Note some medications may require Prior Authorization before the it can be dispensed to the injured worker.

Choose Your Retail Pharmacy



Present the Prescription Card to YOUR RETAIL PHARMACY



Pharmacist: For Prior Authorization regarding work related medications please contact our help desk. Please note plan limitations may apply and will require you to contact the help desk for additional assistance.

Tel: 833-989-1132

Customer Support



Questions about work related medications or ongoing pharmacy benefits please contact Workforce Ancillary Management.

Tel: 833-989-1132

Prescription Program



WORKFORCE ANCILLARY MANAGEMENT, INC.

BIN: 021775 PCN: BSA

Member Name:

Employer Name: University of South Alabama (USA)

Member ID: SSN+ DOI (123456789MMDDYY) PC: 01

Group ID: BSAAE

For Customer Support, Prior Authorization or Provider Relations
please contact us 833-989-1132