



## 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 authorized medical treatment center.

**Medical treatment evaluation is authorized with:**

Compass Urgent Care  
6901 Airport Boulevard Mobile,  
AL 36608  
251-633-2273  
Open M-F 8:00 a.m. - 4:00 p.m.

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

**For after hours and weekends:**

Compass Urgent Care  
9985 Airport /Snow Rd  
Mobile, AL 36608  
251-633-2273  
Open M-F 8:00 a.m. - 6:30 p.m.  
Weekends 8:00 a.m. - 4:00 p.m.

**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**