Essentia Health

Company Authorization for Examination

North Fargo
1100 19th Avenue N.
Fargo, ND 58102
(701) 364-5757 M-F 8am-4:30pm

32nd Ave Emergency
3000 32nd Avenue S.
Fargo, ND 58103
(701) 364-8900 Emergency and after-hours care

Appointment Information
Date: _____
Time: _____

Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____

Company Information

Company: NDSU Contact Name: _____
Address: PO Box 6050 Fargo, ND 58108 Phone: _____ Fax: _____
Guarantor Account #: See protocol for specific department guarantor # Email: _____
Department: _____

Billing Information (Select One): ☐Company Pay ☐ND WSI, claim # if available: _____

Services Requested (Check all that apply):

Drug and/or Alcohol Testing

Custody and Control form: (Choose one) ☐CCF on file at Essentia Health ☐Patient to present to clinic with CCF

Reason for Testing: (Choose one)
☐Pre-employment ☐Random ☐Post-accident ☐Follow-up* ☐Return to Duty*
☐Reasonable Suspicion ☐Annual ☐Other _____ **Observed Collection*

Testing to be completed: **PHOTO ID REQUIRED**
☐ 5 Panel Non-DOT Urine Drug Screen (Test code #90700) ☐DOT Urine Drug Screen (collection only) - DOT Agency: _____

☐ **Audiogram**
☐ **Vision Screen**
☐ **Immunizations:**
- ☐ **Hep A**
- ☐ **Hep B**
- ☐ **Tdap**
- ☐ **Rabies**
- ☐ **Influenza**
- ☐ **Other** _____

☐ **Labs:**
- ☐ **UA Dip**
- ☐ **Lipid Profile**
- ☐ **CMP**
- ☐ **Lead**
- ☐ **Hep B Titer**
- ☐ **Other** _____

☐ **PFT**
☐ **Chest X-ray**
☐ **Respirator Clearance**
OSHA Respirator Questionnaire review with Respirator Exam
☐ **Respirator Fit Test**
Mask Type: _____
☐ **Non-DOT Physical**
☐ **DOT Physical**

☐ **Other Requested Service:** _____

By signing below, Company is agreeing to the Terms and Conditions below.

Print Name: _____ Date: _____ Phone: _____

Signature: _____

Comments: _____

Terms and Conditions
1. Authorization. Company authorizes Essentia Health, or an Essentia Health affiliate, to provide the services as indicated.
2. Payment. Company agrees to pay Essentia Health's current rates for all services rendered within 30 days of invoice.
3. Compliance with Laws. Company and Essentia Health agree to comply with all applicable federal and state laws and regulations, including but not limited to HIPAA.
4. Use of Information. Company grants Essentia Health the right to retain and use information related to provision of the services, including but not limited to placing the information in Essentia Health's medical record system and providing patient with a copy of their information.
5. Indemnification. Each party shall indemnify and hold harmless the other party against all liability or loss, and against all claims or actions based upon or arising out of actions by the indemnifying party.
6. Confidentiality. Both parties will handle the other party's confidential information with reasonable care, and agree never to use or disclose such information except as permitted under this Authorization or as necessary to carry out obligations under this Authorization.
7. Governing Law. This Authorization shall be governed and construed in accordance with the laws of the state of Minnesota, without regard to the choice of law principles thereof.
8. Entire Agreement. This Agreement sets forth the entire understanding of the Parties and may only be modified in writing signed by both Parties.

North Fargo: Send completed form with your employee OR fax 701-364-5761 OR email NorthFargoAuth@essentiahealth.org

32nd Ave Emergency: Send completed form with your employee.