MICHIGAN STATE UNIVERSITY

AUTHORIZATION TO INVOICE MSU EMPLOYEE OUTSIDE OF LANSING AREA

Bill to: Michigan State University
Workers' Compensation Division
1407 S Harrison # 110
East Lansing, MI 48823
(517) 353-4434 or (800) 353-4434

1. _____
(Name of Medical Facility or Physician)

_____
(Address of Medical Facility or Physician)

_____
(Phone Number of Facility or Physician)

2. _____ **is authorized to receive medical tests and treatment**
(Name of Injured Employee)
with payment of services to be provided by Michigan State University if the services are for a work related injury.

3. _____ _____ _____ _____
(Authorized Signature) (University Title) (Work Number) (Date)

4. Service Requested:

☐ Injury Treatment
Was the Incident Observed by Anyone? ☐ Yes ☐ No _____
Witness Name

☐ Other _____

5. Current Injury _____

6. Current Shift (Hours) _____

7. Injured Employee's Current Job _____

8. Job Involves:

	NO	YES	Amount
Lifting	☐	☐	_____
Sitting	☐	☐	_____
Standing	☐	☐	_____
Walking	☐	☐	_____

This authorization will remain in effect until revoked by MSU in writing.
Distribution – Copy to Medical Provider and Department

Revised 01//2011