



BUSINESS HEALTH PARTNERS

“Partners with Business & Industry”

Date: _____

Name of Company: _____

Representative Approving Treatment: _____ Email: _____

Jobsite Contact & Phone # for follow up on patient: _____

Fax # _____

Patient Name: _____

DATE OF INJURY: _____

This note authorizes the above patient to be seen and treated by Business Health Partners for the injury/illness which occurred on the above date. *In the event of an after-hours fee, that is not paid 100% by the insurance company, the unpaid balance will be billed to your company for payment. In addition, any remaining charges not paid, according to Louisiana Workers Compensation fee schedule, will be the company’s responsibility.

Person to contact for further treatment: _____

Telephone/Fax Number: _____

Email: _____

******Post Accident Testing required****
(Circle your selection)**

Drug Screen	Non-DOT	DOT	Quick Test	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Breath Alcohol	Non-DOT	DOT		

Signature of Representative

LAKE CHARLES

4150 Nelson Rd. Building B Suite 5
Lake Charles, LA 70605
Office (337) 656-7703 Fax (337) 656-7676
After Hours Contact:(337) 302-2011
lakecharles@businesshealthpartners.com

SULPHUR

3649 South Beglis Parkway Sulphur, LA 70665
Office (337) 626-1011 Fax (337) 558-5995
After Hours Contact:(337) 302-2011
sulphur@businesshealthpartners.com

NEDERLAND

1005 Nederland Avenue Nederland, TX 77627
Office (409) 299-5288 Fax (409) 237-5169
After Hours Contact:(409) 527-1114
nederland@businesshealthpartners.com

DERIDDER

301 S. Washington St Suite B
DeRidder, LA 70634
Office (337) 348-0842 Fax (337) 401-3380
deridder@businesshealthpartners.com



DEER PARK

1806 Center St. Deer Park, TX 77536
Office (281) 402-8623 Fax (281) 402-8624
After Hours Contact:(346) 877-0957
deerpark@businesshealthpartners.com