

**RADIOLOGIC ASSOCIATES OF FREDERICKSBURG (RAF) AND
MEDICAL IMAGING MANAGEMENT (MIM) SERVICE AUTHORIZATION**

10401 Spotsylvania Avenue, Suite 200, Fredericksburg, VA 22408 (p) 540-361-1000 (f) 540-361-7010

URGENT CARE FACILITIES		
<u>PrimeCare</u> 9763 Courthouse Road, Spotsylvania, VA 22553 <u>Hours:</u> Urgent Care M-F 8am-8pm Sat-Sun 9am-4pm Phone (540) 786-1200 Fax (540) 786-3195	<u>PrimeCare</u> 2511 Salem Church Road, Fredericksburg, VA 22407 <u>Hours:</u> Urgent Care M-F 8am-6pm Phone (540) 786-1200 Fax (540) 786-3195	
<u>Patient First</u> 60 Prosperity Lane, Stafford, VA 22556-4605 <u>Hours:</u> Urgent Care 8 am to 10 pm <i>Every day, including weekends and holidays</i> Phone (540) 658-2811 Fax (540) 658-2812	<u>Patient First</u> 3031 Plank Road, Fredericksburg, VA 22401-4951 <u>Hours:</u> Urgent Care 8 am to 10 pm <i>Every day, including weekends and holidays</i> Phone (540) 736-5043 Fax (540) 736-5044	
EMERGENCY DEPARTMENT FACILITIES (ER)		
<u>Mary Washington Hospital ER</u> 1001 Sam Perry Blvd, Fredericksburg, VA 22401 Phone (540) 741-1100	<u>Stafford Hospital ER</u> 101 Hospital Center Blvd Stafford, VA 22554 Phone (540) 741-9000	<u>Emergency & Outpatient Center - Lee's Hill</u> 10401 Spotsylvania Ave, Suite 103 Fredericksburg, VA 22408 Phone (540) 741-0555

EMPLOYEE NAME: _____ **DATE:** _____

OFFICE LOCATION: VIVA staff MINS staff Admin staff CCV staff RAF/VIVA Physician

AUTHORIZED BY: _____

SERVICE(S) REQUESTED:

- Immunization – Influenza
- Laboratory – Titers – Hepatitis B Immunize if needed? Yes No
- Immunization – Hepatitis B Series
- Immunization – Tdap
- Laboratory – TST (2 Step) Test
- Laboratory – 10 Panel Drug Screening
- Laboratory – Titers – Other: _____
- Occupational Exposure Evaluation and Management
- Worker’s Compensation Treatment
- TB Exposure
- Other: _____

Employee Acknowledgement:

I understand I must present a valid picture identification card at the time of arrival to medical facility. Failure to do so may result in non-completion of testing and/or treatment. I hereby authorize the release of healthcare information to my employer (RAF, MIM, or related entity) specifically regarding the services listed above.

Employee Signature: _____ **Date:** _____

(See reverse side for instructions)

INSTRUCTIONS FOR HEALTHCARE PROVIDER

1. Please treat the patient for the procedure/test indicated on page 1.
2. Please dispense any medication/prescription as deemed medically necessary.
3. **Fax all test results** for procedure/test indicated on page 1 to our **secure fax line 540-735-9209**.
4. Process all billing through carrier listed below as Worker's Compensation.

Insurance Carrier:

Hartford Insurance

1-800-327-3636 (phone)

Please bill the Policy Number selected below:

RAF: 30WECAF6ZTX RAF

MIM: 30WECAF6ZTB MIM

INSTRUCTIONS FOR EMPLOYEE

1. If you are given a prescription, please take it to the CVS located near the Mary Washington Hospital campus, as it is open 24/7 and will typically have the medications prescribed, in stock. It will be billed through the Workman's Compensation Carrier.

CVS

591 Jefferson Davis Highway Fredericksburg, VA 22401

540-373-4607, Store # 1565

TB EXPOSURE PROCESS

- MIF facilities:
 - Employees (including our MIM employees at MINS) exposed to TB are evaluated and treated through MWHC Employee Health.
 - If a RAF physician is exposed, they would go to PrimeCare or Patient First for evaluation and treatment.
 - Additionally, if a RAF physician or MIM employee is exposed, we would also report this to our Worker's Comp. carrier.
 - If a follow-up TB test were to go from negative to positive, the treating provider is required to report this to the VDH. In the examples above, MWHC Employee Health, PrimeCare, or the Patient First treating provider would be required to report this to the VDH.
- Non-MIF facilities/RAF owned:
 - RAF physicians or MIM employees would go to PrimeCare or Patient First for evaluation and treatment.
 - RAF/MIM would report to Worker's Comp.
 - If a follow-up TB test were to go from negative to positive, the PrimeCare or Patient First treating provider would be required to report this to the VDH.

In summary, "exposures" are not required to be reported to the VDH. If a TB test result goes from negative to positive during evaluation and treatment, the treating provider would be required to report the result to the VDH. Additionally, the incident must also be added to the facility OSHA log but is not required to be reported directly to OSHA.