

# Propel HR

## Medical Treatment Authorization Form

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Clinic/Hospital

This is to authorize evaluation and treatment on \_\_\_\_\_, an employee of Propel HR for treatment of a job related injury/illness.

I affirm that this person is on the payroll of Propel HR and agree that the injury/illness arose out of, or in the course of, said employment.

\_\_\_\_\_  
Supervisor Client Company

This authorization is only to be used for times other than normal Monday through Friday working hours of 8:30 AM to 5:30 PM. Should authorization be needed during normal working hours, it must be obtained from Propel HR at the following numbers:

**1-800-446-6567 or 1-864-271-7611**

Please telephone Propel HR with the follow up report on the next business day.

**5 Panel Requested**