

Notification of Medical Procedure/Time Off Form

Client Name: _____ Case Manager: _____

Dates Requesting Time Off – From: _____ To: _____

Date of Procedure: _____ Type of Procedure: _____

Doctor Performing Procedure: _____ Phone: _____

Peer Assistance Services, Inc. Medical Time Off policy is as follows:

1. Client will notify Peer Assistance Services, Inc. in writing of upcoming medical procedure ***at least two weeks*** prior (except in cases of urgent/emergent care). In the event of an emergency, client will notify Peer Assistance Services, Inc. as soon as possible.
2. Client will remain in compliance with all other requirements of the Rehabilitation contract.
3. Client may be required to submit a urine sample the day before the medical procedure and/or the day after the procedure.
4. Documentation from the medical professional conducting the medical procedure is required immediately following expiration of time off period. Such documentation shall include submission of a Provider Verification Form prior to any medical procedures being scheduled, except on urgent/emergent basis, as well as submission of a Discharge Summary upon completion of the procedure.
5. If narcotic/addictive medication usage is expected, prior written notification should be submitted to Case Manager.
6. Copies of ALL pre-op and post-op prescriptions must be faxed to the Case Manager within 24 hours of being prescribed.
7. Client will notify Therapist/Treatment Provider and Supervisor of any need for time off due to this medical procedure.

Case Manager to complete the following information:

You are excused from calling the UA Line: YES NO From: _____ to _____

You are excused from testing: YES NO From: _____ to _____

Updated in Sentry

	Additional Contract Requirements/Changes
1.	
2.	
3.	
4.	

I agree to comply with my rehabilitation contract including any modifications noted above during the designated period.

Client Signature

Date

Case Manager Signature

Date