



8505 Old Dairy Road • Juneau, Alaska 99801 • Tel: 907-790-4111 • Fax: 907-790-3111

### Employer Paid Services Authorization Form

Please provide the information for billing purposes:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

We are authorizing the following employee(s) to get a Covid-19 PCR test at Juneau Urgent and Family Care. All expenses will be charged to the company listed above.

List Employees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the box on how you want to receive your test result/s

Email  
\_\_\_\_\_

Fax  
\_\_\_\_\_

Mail  
\_\_\_\_\_

Please check the box for additional services you might need.

Antibody Testing

Medical evaluation with a provider

Other:  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_