

UCSC Employee Authorization For Medical Treatment Of Occupational Incidents

IF THIS IS AN EMERGENCY, DIAL 911 FOR EMERGENCY MEDICAL SERVICE RESPONSE

EMPLOYEE INFORMATION – To Be Completed by Supervisor	
Employee Name:	Date of Incident:
Today's Date:	Employee Phone:
Supervisor Name:	Supervisor Phone:
<p>Please check one of the following:</p> <p><input type="checkbox"/> Santa Cruz Occupational Medical Center (SCOMC), 3601 Caldwell Dr., Soquel, 831-576-3000 (Monday - Friday 8:30 am – 5:30 pm)</p> <p><input type="checkbox"/> Emergency Department: Dominican Hospital, Emergency Department, 1555 Soquel Dr., Santa Cruz, 831-462-7710, (Nights, Holidays and Weekends)</p> <p><input type="checkbox"/> Other UCSC Designated Facility: _____</p> <p><input type="checkbox"/> Predesignated Physician: _____ (Note: Predesignation form must be submitted prior to date of incident to the Office of Risk Services)</p>	
Authorizing Supervisor Name (<i>printed</i>):	Authorizing Supervisor Signature:

Medical Provider: Send medical bills to Sedgwick UCWC Unit, PO BOX 14533, Lexington, KY 40512

Designated Medical Treatment Providers

SANTA CRUZ COUNTY

Santa Cruz Occupational Medical Center (SCOMC)

3601 Caldwell Dr.
 Soquel, CA 95073
 Mon. – Fri.: 8:30 am – 5:30 pm
 (831) 576-3000

For Emergencies, Nights, Holidays and Weekends:

Dominican Hospital, Emergency Department
 1555 Soquel Drive
 Santa Cruz, CA 95065
 831-462-7710

OUTSIDE SANTA CRUZ COUNTY

Kaiser - Santa Clara

Department of Occupational Health
 10050 North Wolf Road Suite SW1-190
 Cupertino, CA 95014
 Monday - Friday: 8:00 am - 5:00 pm (Closed for lunch 12:30 pm – 1:30 pm)
 (408) 236-6160