

UNITED BUSINESS
INSURANCE COMPANY
A Mutual Company

**Workers' Compensation
Authorization for Treatment**

Company Name: _____

Date: _____

Dear: Medical Provider

In compliance with the Georgia Workers' Compensation Law our employee has chosen you as their authorized treating physician. Please provide medical treatment to the following employee:

Injured Employee's Name: _____

Company: _____

Phone #: _____ Fax #: _____

Contact #: _____ Date of Injury: _____

While engaged in duties as _____

Job Title

In Compliance with Georgia Law Please Invoice Our Insurance Company Directly

Insurance Co. Name: United Bus. Ins. Co. Policy #: _____

Insurance Co. Address: 350 Franklin Road Ste 330, Marietta, GA 30067

Insurance Co. Phone #: (678) 766-8242 Extension: X204

Instructions to Physician:

Perform Drug and Alcohol Screen Yes No

We have written job descriptions Yes No

We will attempt to create a transitional job Yes No

Our company wants to work closely with you to get our employee back to their position as soon as they are physically able. If our injured employee has some physical limitations that may prohibit them from returning to their regular job we will attempt to create a transitional position that will accommodate their physical limitations. :

Signed: _____
Employer

Signed: _____
Employee