



1100 N. Grand Avenue, Walnut, CA 91789
(909) 594-5501 FAX (909) 274-2994

INDUSTRIAL INJURY MEDICAL TREATMENT AUTHORIZATION

TO: **COMP** **Concentra** **Kaiser Permanente**

The following employee has authorization to receive medical services in accordance with the terms of the Workers' Compensation laws.

Employee: _____

Date of Injury: _____ Nature of Injury: _____

Authorized by: _____ *Duetta Wasson*

Director of Safety and Risk Management, Duetta Wasson

Date: _____

COMPLETE THIS SIDE IN FULL AND SEND WITH EMPLOYEE

INSTRUCTIONS TO DOCTOR:

1. Keenan & Associates is the administrator for the District's Workers' Compensation Program.
2. Prepare "Physician's & Surgeon's Report of Injury" (Workers' Compensation Form) in triplicate.
3. Mail all bills and original doctor status to Keenan & Associates at PO Box 4328, Torrance, CA 90510.
4. Fax a copy of Doctors Work status form to Mt Sac 909-274-2994