



1100 N. Grand Avenue, Walnut, CA 91789
(909) 274-5501 FAX (909) 274-2428

INDUSTRIAL INJURY MEDICAL TREATMENT AUTHORIZATION

TO: Concentra ProActive Kaiser Permanente

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

Employee Name: _____

Date of injury: _____ Nature of injury: _____

Authorized by: _____ Title: _____

Date: _____

EMPLOYER MUST COMPLETE THIS SIDE IN FULL AND SEND WITH EMPLOYEE

INSTRUCTIONS FOR THE CLINIC:

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 the Employee's Work status to Mt. SAC at (909)-274-2428