



WORKERS' COMPENSATION AUTHORIZATION FORM

CLIENT COMPANY AUTHORIZATION

This form authorizes a health care provider to treat this employee: _____

for a work-related injury which occurred on _____

Supervisor's Signature _____ Date ____/____/____

Company Name _____

Address _____

Company Phone Number _____

EMPLOYEE AUTHORIZATION

This form authorizes the health care provider treating me to give Employers Resource Management, or their representatives, all information regarding my condition (either orally or in writing), while under your observation or treatment. This information may include history, findings, x-ray readings, diagnosis, and your prognosis as to subsequent or future development; and to photocopy such records as may be requested.

Employee Signature _____ Date ____/____/____

INFORMATION FOR HEALTH CARE PROVIDERS

Employers Resource Management is a co-employer with the company listed above. All Workers' Compensation questions should be referred to the Workers' Compensation Department at (208) 426-8006 or (800) 775-2404. Please speak slowly and repeat your number if you leave a voice mail message.

If you need pre-authorization, or have questions regarding billing, please contact the number below that corresponds with your appropriate state.

Minneapolis, MN - Lumbermen's Underwriting Alliance
Handles States- *IA, CO, IL, IN, KS, MI, MN, MO, NE, SD, WI*
P.O. Box 3061
Boca Raton, FL. 33431
Toll Free: 877-214-1173

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Albuquerque, NM - Claims Office
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3007 Louisiana NE, Albuquerque, NM 87110-2734
505-889-0446

Boise, ID - Claims Office
Handles States- *ID*
1150 W. State St. #3300
Boise, ID. 83702
208-388-8768

Missoula, MT - Claims Office
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1200 S. Reserve, Suite J
Missoula, MT. 59801
406-257-0269

Las Vegas, NV - Claims Office
Handles - *NV*
P.O. Box 29505
Las Vegas, NV. 89102
Toll Free: 800-861-8332