



Workers' Compensation Treatment Authorization

District #D _____

SCHOOL DISTRICT _____

SCHOOL NAME: _____

ADDRESS: _____

SCHOOL DISTRICT CONTACT: _____ TELEPHONE #: _____

FAX# _____

Employee Information

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

EMPLOYEE TELEPHONE #: HOME# _____ WORK# _____

EMPLOYEE SSN: _____ EMPLOYEE DATE OF BIRTH: _____

DATE OF INJURY: _____ INJURED BODY PART: _____

HOW DID INJURY OCCUR? _____

Please refer to the Network Directory
Or contact your MUSIC R.N. for Medical Direction
Toll-Free at 1-877-688-6461

Physician/Facility: _____ Appointment Date: _____

Address: _____

Telephone #: _____

Treatment Authorized By: _____

School Administrator, Department Supervisor or Nurse should report this claim immediately through Toll Free Reporting # 888-256-4919.

PROVIDER SECTION

Please complete information below and fax to both the MUSIC, R.N. 877-239-5769, and the district contact listed above.

DIAGNOSIS: _____

TREATMENT RECOMMENDATIONS: _____

RETURN TO WORK STATUS: Modified Duty _____ Full Duty _____
(date) (date)

DETAILED MODIFICATIONS: NO RESTRICTIONS _____

NO LIFTING OVER _____ LBS NO PUSHING/PULLING OVER _____ LBS

ADDITIONAL MODIFICATIONS: _____

FOLLOW UP APPOINTMENT: DATE/TIME _____ NONE NEEDED _____

PROVIDER SIGNATURE: _____

Referrals for diagnostic testing, therapy or Medical Specialists MUST BE PREAUTHORIZED by contacting the MUSIC R.N. at 1-877-688-6461.

Send bills and medicals to Gallagher Bassett Services, Inc.

Gallagher Bassett Services, Inc.
P.O. Box 2831
Clinton, IA 52733-2831