

Authorization for Workers' Compensation medical treatment



This is authorization to examine or treat: <i>(applicant or employee name)</i>		Date:
Authorization Signature: <i>(required)</i> Cheryl Velasco	Authorizer Name: <i>(print)</i> Cheryl Velasco	
Verbal Authorization given by:	Verbal Authorization taken by:	
Company Contact: Cheryl Velasco	Company Name: CSULB	
Phone: 562-985-2366	Fax: 562-985-7180	
Billing Address: PO Box 14629 Lexington KY 40512		
WC Insurer: Sedgwick CMS	WC Adjuster: Daniel Lee	
Phone: 510-302-3164	Fax: 916-851-8089	

Services Requested

Workers' Compensation Claim	Medical treatment of injury or exposure. Please describe:
<p>MedPost Urgent Care 3851 Katella Ave Suite 100 Los Alamitos CA 90720 562-430-4138</p> <p>Parking is in the parking structure behind the building. The entrance to MedPost is at the back of the building on the East side of the building. Take your ticket that you get when you enter the parking lot into MedPost and they will validate it for you.</p>	