



**VCCCD WORKERS' COMPENSATION CONTACT**  
**Katy Lyon, Benefits Analyst**  
 761 E. Daily Drive, Suite 200, Camarillo, CA 93010  
 (805) 652-5535 • FAX (805) 652-7711

**TREATMENT REFERRAL & MEDICAL AUTHORIZATION**  
**TO BE COMPLETED BY EMPLOYER (SUPERVISOR or MANAGER)**

**TO:** Medical Facility/Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This authorization is issued to the above medical facility to provide initial medical treatment to the employee named below who has reported an occupational (work-related) injury.**

Employee Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_ Work Tel #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel #: \_\_\_\_\_

Employee's Primary Location/Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  AM  PM

Employer Contact: Katy Lyon Phone: (805) 652-5535

The following relates to the employee's work environment:

- 1. Lifts:  <25 lbs  25 lbs.  50 lbs.  75 lbs.  >75 lbs.
- 2. Environment:  Wet  Dry  Inside  Outside
- 3. Air Quality:  Good  Dust  Chemical fumes/gasses
- 4. Job requirements:  Sits  Stands  Walks  Keyboarding  Drives

Worker's Compensation Administrator: **KEENAN & ASSOCIATES, 2355 Crenshaw Blvd, Suite 200 Torrance CA, 90501 Tel: (800) 654-8102 FAX: 310-212-0333**

**INSTRUCTIONS TO MEDICAL PROVIDER:**

1. Call the VCCCD (employer) contact named above immediately to discuss availability of modified duty, if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
2. Give the employee a "Work Status Report," including after-care instructions and/or clear work restrictions, and immediately fax copies to the Claims Administrator (Keenan & Associates) and VCCCD (employer) contact named above.
3. Send the original completed Doctor's First Report (DWC 5021) and all medical bills and corresponding reports to: **Keenan & Associates, 2355 Crenshaw Blvd, Suite 200, Torrance CA, 90501.**
4. Contact **Keenan & Associates** at **(800) 654-8102**, immediately if any of the following apply:
  - ◆ Questionable Injury ◆ Consultation Request
  - ◆ Diagnostic Imaging Request ◆ Surgery/Hospitalization Request
5. Please promptly advise the District Workers' Compensation Department if this is a "First Aid Only" case. Call: **Katy Lyon, Benefits Analyst, (805) 652-5535 • FAX (805) 652-7711**