**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**

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# 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**