



# Treatment Referral Form

First Aid Claim

Workers' Compensation Claim

**To Be Completed by Employer:**

Medical Facility/Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

This authorization is issued to you to provide initial medical treatment to the employee named below who has reported an occupational injury.

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ *a.m.*  
*p.m.*

Type of Injury \_\_\_\_\_

Workers' Compensation Administrator \_\_\_\_\_ LWP Claims Solutions Phone: (916) 609-3600  
3835 N. Freeway Blvd., Suite 210 Fax: (916) 609-3645  
Sacramento, CA 95834

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Tuolumne JPA Return To Work Coordinator: Mark Lane Telephone (209) 536-2033

**Instructions to Medical Provider:**

1. Call the 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. For Workers' Comp. claims send the completed Doctor's First Report (5021), all medical bills and corresponding reports to LWP Claims Solutions at the address listed above, unless the services result in First Aid only. In this case the bill should be sent to the employer and the 5021 to the claims administrator.
3. Contact LWP Claims Solutions immediately if any of the following apply:
  - Questionable Injury
  - Diagnostic Imaging Request
  - Consultation Request
  - Surgery/Hospitalization Request
4. For First Aid treatment, send the Doctor's First Report (5021) to LWP Claims Solutions at the address listed above, and billings for medical services to the school district: below:

District: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip: \_\_\_\_\_ Fax: \_\_\_\_\_