City of Richmond
Administrative Manual

TELEPHONE AUTHORIZATION FOR TREATMENT

DATE: _____

CLAIMANT NAME: _____

CLAIM NUMBER: _____

DATE OF INJURY: _____

FACILITY/PHYSICIAN CALLING: _____

AUTHORIZATION REQUESTED FOR: _____

_____

AUTHORIZATION GIVEN: Yes ☐ No ☐

REPORT REQUESTED: Yes ☐ No ☐

COMMENTS/NOTES: _____
_____
_____
_____

Senior Claims Examiner _____