



FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Initial Treatment
Authorization

Injured Employee Name:	
Social Security Number:	
Date of Accident:	
Type and Location of Injury: (i.e.: cut, left foot)	

This will serve as our request for you to treat the above employee injured as indicated above. We will work closely with the involved medical provider to ensure that our employees receive quality medical care that is medically necessary and provided in a timely manner for their industrial injuries. In the best interest of our employees, we often have modified work available that would allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat our employee. In addition, First Financial Employee Leasing, Inc., the employer, requires post-accident mandatory drug screening of all injured employees.

Our workers' compensation insurance is provided through the CastlePoint National Insurance Company under the policy number and name of FIRST FINANCIAL EMPLOYEE LEASING, INC. This program provides managed care through Coventry Medical Management Services for the delivery of the highest quality of medical services. Please note that this letter does not confirm that the injury or condition is covered by Workers' Compensation Insurance. That determination will be made as soon as the CastlePoint National Insurance Company claim representative completes an investigation. Please contact a Medical Care Manager at 866-450-8608 in the following circumstances:

Anticipated disability in excess of seven (7) days
Prior disability, by history, of the same body part
Fracture of a major bone/non-union fracture
Anticipated permanent disability
Referral to another provider

Anticipated surgery
Hospitalizations
Physical therapy recommended
Treatment plan to exceed two (2) weeks

Please submit all medical reports within the time frame required by the applicable state law. **All claims for treatment must be submitted to the address below**, on a HCFA 1500, UB 92, or the appropriate form required by the State:

Claim Service Center:	CastlePoint National Insurance Company
Address:	PO Box 948154
City/State/Zip:	Maitland, FL 32794-8154
Phone:	866-450-8608
Fax:	866-450-8609

Should you have any questions regarding your participation in the network, the Medical Care Manager's responsibilities, the grievance process, or any other provision of the State of Florida Workers' Compensation Managed Care Law, please call **Coventry Medical Management Services** at 866-450-8608.

Treatment Requested by:	
Title:	
Date:	