Medical Treatment Authorization Form

This is an authorization to provide medical services to:

Employee Name (First, Last)	DOB	SSN

EMPLOYEE INFORMATION		
Employer Name XR Extreme Reach	Contact Aldo Cammarota	
Address 333 N. Glenoaks Blvd. Suite 300, Burbank, CA 91502	Phone w.818.568.1801 or m.818.217.5941	Fax 818.562.3301
If deemed first aid please remit bills directly to XR Extreme Reach		
INSURANCE INFORMATION		
Carrier ACE American Insurance Company	Policy Number Contact Aldo Cammarota	
Policy Dates 09/01/2024 - 09/01/2025		
Please follow up in 48 hours for a claim number.		
PATIENT INFORMATION		
Body Part(s) Injured		
AUTHORIZATION		
Authorizer Name	Authorizer Signature	
Title	Date	

Workers' Compensation fraud is a felony offense. If you have any suspicions regarding the legitimacy of a claim, please notify the XR Extreme Reach Risk Management department immediately.

Questions? Get in touch at riskmanagement@extremereach.com