

BUTTS COUNTY SCHOOLS

Physicians Authorization
To Treat Employee

WORKER'S COMPENSATION

Employee Name: _____

Date of Injury: _____

Type of Injury: _____

Authorization: Title: _____

ALL STATEMENTS MUST BE SENT DIRECTLY TO:

Underwriters Safety & Claims

P.O. Box 465328

Lawrenceville, GA 30042

678-376-0003

888-245-4722 Toll Free

678-376-0056 FAX

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Janet Dahlin

Workers' Compensation Claims Contact

Butts County Schools

181 N. Mulberry St.

Jackson, GA 30233 Phone 770-504-2300 ext. 1110

FAX: 770-504-2305

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