

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 Administrator

Butts County Schools

181 S. Mulberry St.

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

FAX: 770-504-2305

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