

## AUTHORIZATION FOR TREATMENT Workers Compensation

This form authorizes a health care provider to treat the following EDUStaff Employee:

\_\_\_\_\_

for a work related injury that occurred on \_\_\_\_\_

at \_\_\_\_\_.

### Send all billing information to:

QBE Specialty  
PO Box 975  
Sun Prairie, WI 53590

### EDUStaff, LLC Workers Compensation Carrier:

QBE/Praetorian Insurances  
Policy Number: QWC4000741  
Effective: 12/28/2014  
Termination: 12/28/2015