



Caswell County Schools

P.O. Box 160 ~ 319 E. Main Street ~ Yanceyville, North Carolina 27379
Phone (336) 694-4116 ~ Fax (336) 694-5154

Worker Compensation Authorization Form

EMPLOYEE: Please take this form with you to Caswell Family Medical Center, 439 US-158 Yanceyville, NC or after hours to your local hospital emergency room.

Dear Medical Provider,

Caswell County Schools has approved the below employee to be treated for a Worker Compensation claim. Our school district has two Worker Compensation providers. Please contact Teresa Myers, HR Administrative Assistant for the proper provider for billing if not circled.

State Funded Employee

Sedgwick
P.O. Box 14774
Lexington, Kentucky 40512-4774
919-785-5800

Local Funded Employee

EMC
P.O. Box 621210
Charlotte, NC 28262-0120

Name of Employee: _____

Date of Injury: _____

Site Location of Employee: _____

I authorize the medical provider to provide medical treatment to the employee named above.

Signature (Principal or Authorized Representative)

Date

Printed Name

Position Title

Disclaimer: Receipt of this correspondence does not constitute the acceptance of your claim. Your employer and/or insurer reserves all rights under state regulations to properly investigate and make determinations of liability regarding your claim.

Thank you for your corporation.
Caswell County Schools
Human Resources Department

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