



**WORKERS' COMPENSATION – MEDICAL  
TREATMENT AUTHORIZATION FORM**

<b><u>Prime Care Locations:</u></b>	<b><u>Centra Care Locations*:</u></b>
1890 LPGA Blvd., Ste. 130, Daytona Beach – (386) 274-2212	1014 W Int'l Speedway, Daytona Bch – (386) 872-5044
1327 Saxon Dr., New Smyrna Beach – (386) 767-2402	1245 W. Granada Blvd, Ormond Bch – (386) 317-9055
<b><u>Halifax Health Express Care Locations:</u></b>	1208 Dunlawton Ave, Port Orange – (386) 304-7320
5440 S. Williamson Blvd., Ste. 101, Port Orange – (386) 845-5451	2293 S. Woodland Blvd, Deland – (386) 279-7010
3048 S Atlantic Ave Ste 101, Daytona Beach – (386) 845-5450	1360 Saxon Blvd, Orange City – (386) 917-0074
2090 Saxon Boulevard, Deltona - 386-845-5452	<b>*All other Centra Care locations are authorized, only Volusia County is listed</b>
	<b><u>Medfast Urgent Care Center</u> – 1000 S. Ridgewood Ave, Edgewater – 386-220-8222</b>

Date of Authorization: \_\_\_\_\_ (Valid for one week from authorization date only as to initial visit<sup>1</sup>; **Request a new authorization from worksite if needed due to expiration.**) **If an authorized urgent care facility refers an employee to the emergency room (“ER”), follow up care at the original authorized urgent care continues to be authorized after the ER visit, until they have been placed at MMI or until employee’s care is transferred entirely to a specialist and said transfer is authorized by USIS.**

**Name of Injured Employee:** \_\_\_\_\_ is authorized to seek medical attention at a designated facility.

Occupation of Injured Employee: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorizing Person**

\_\_\_\_\_  
**Title**

**INSTRUCTIONS FOR PRIMARY CARE PHYSICIAN**

<sup>1</sup> Once initial visit has occurred, urgent care continues to be authorized unless the employee has been placed at MMI or the employee’s care has been transferred entirely to a specialist and transfer is authorized by USIS.

*Our employee is a valued member of our work team at Volusia County Schools. We have sent this individual to you for immediate, quality care and evaluation of his/her ability to return to work.*

**Volusia County Schools is willing to temporarily modify the employee's assigned duties to promote and ensure his/her safe and effective return to work if restrictions are recommended.**

After you have treated our employee, **please complete a DWC-25 form, per Florida Workers' Comp. Statute, specifying any work restrictions.** Please fax a copy of all forms to United Self-Insured Services (USIS) at 407-352-5788. [Any referrals to a specialty physician must be PRE-AUTHORIZED by USIS, third party administrator for Volusia County Schools.](#)

- **Please forward all bills to: United Self-Insured Services, P.O. Box 616648, Orlando, FL 32861-6648**