AUTHORIZATION FOR TREATMENT - Workers' Compensation

This form authorizes a health care provider to treat the following Edustaff employee.

Employee → bring this form with you when you seek medical treatment.

Employee name:	Date of injury:
Location where injury happened:	

Send all billing information to:

AmTrust Financial Services, Inc.
PO Box 89404
Cleveland, OH 44101
Policy #: MWC1040642

Bills may also be faxed to 678-258-8395.

If you have any questions, please contact Edustaff Human Resources at 877-974-6338 or HumanResources@Edustaff.org.

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