



PO Box 945927
 Maitland, FL 32794-5927
 321-214-5350 • Fax 321-214-0235
 800-226-0666 • ffvamutual.com

INITIAL TREATMENT AUTHORIZATION

To:

From: Employer

Date:

RE: Claimant :
 D/B :
 Soc. Sec. No. :
 Employer :
 D/A :

Please accept this as authorization for initial treatment on the above-captioned injured employee. If this injured worker needs to be referred out, please call FFVA Mutual at 1-800-226-0666.

Please give the attached NOTICE OF MY PHYSICIAN CHOICE form to the injured worker at the time of the visit.

Please mail your bill and report to FFVA Mutual, PO Box 945927, Maitland, Florida 32794-5927; telephone number 800-226-0666; fax number (321) 214-0235.

Date: _____

_____ Full Duty

_____ Light Duty (as the employer participates in an Early-Return-to-Work Program)

Restrictions: _____

Diagnosis: _____

Next Office Visit: _____

Please provide the employee with a copy of the completed form.

Thank you for your prompt attention to the above.