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 medical treatment on the above-captioned injured employee. If a referral is to be made, please refer the injured employee to the employer's posted Panel of Physicians or call FFVA Mutual at 800-226-0666.

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.