



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 :

If this claim is determined to be the direct result of a compensable work-related injury, your services for treatment will be authorized. If this injured employee needs to be referred out, please 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.