



Division of Risk Management and Insurance Services
Integrated Disability Management (IDM)

MEDICAL AUTHORIZATION FORM

This form shall be completed by the Administrator or designee for an injured employee who has not accessed Nurse Triage services for medical referral, but is requesting treatment for an industrial injury. The Administrator or designee shall use this form to make a referral to a physician or clinic within the District's Medical Provider Network (MPN). The form is to be completed and provided to the injured worker, and taken to the physician or clinic.

Injured Worker: _____

Work Location: _____

Date of Injury: _____ **Date of Referral** _____

Authorized MPN Provider: _____ **Phone:** _____

Address: _____

Site Administrator (Print): _____

Site Administrator (Signature): _____

Site Administrator Phone Number: _____

Physician/Clinic Instructions:

This form authorizes an initial visit by the injured employee (indicated above) to receive an evaluation and treatment by the physician or clinic identified above. **Please note: the Sedgwick office should be contacted at (866) 247-2287 for authorization of treatment following the initial visit.** If additional treatment is necessary, the injured employee may continue to receive care from this treating physician or clinic; or, the injured employee may select another physician within the Sedgwick MPN. Physicians and clinics must provide an evaluation and treatment, in accordance with the Sedgwick MPN guidelines and the Administrative Director, as noted in Labor Code 4600-4616.7.

Note to Physicians: The Los Angeles Unified School District requires that all work restrictions be outlined, as every effort will be made to provide a modified assignment.