

InSource Employer Solutions

AUTHORIZATION FOR MEDICAL TREATMENT FOR WORKERS' COMPENSATION

PROVIDER: UWIC / Next Level Administrators
Policy: InSource Employer Solutions #WC526-00001-021-SZ

COMPANY NAME: _____

EMPLOYEE NAME: _____

DATE OF INJURY: _____

TYPE OF INJURY: _____

PERFORM A DRUG SCREENING: YES / NO (CIRCLE ONE)

PERFORM A BLOOD ALCOHOL SCREENING: YES / NO (CIRCLE ONE)

BILL TO: Genex: Next Level Administrators, LLC
PO Box 6811
Scranton, PA 18505
Fax: 1-833-223-9672

OR E-MAIL: nextlevelgenex@edmgroupp.com

SIGNATURE OF SUPERVISOR

DATE