

QUALCARE, INC.

EMPLOYERS AUTHORIZATION FOR TREATMENT

**DOCTOR/TREATING FACILITY:

PRE-CERTIFICATION IS REQUIRED PRIOR TO TREATMENT

CALL QUALCARE AT 1-800-425-3222 FOR APPROVAL

NAME _____ DATE: _____

EMPLOYER: TOWNSHIP OF SOUTH BRUNSICK DEPT: _____

DATE OF INJURY: _____ ACCOUNT NO. _____

DESCRIPTION: _____

AUTHORIZED BY: _____ PHONE NO. _____

(SUPERVISOR)

P.O. BOX 309 PISCATAWAY, NJ 08855-0309 PHONE: 1-800-425-3222
ATT: WORKER'S COMPENSATION CLAIMS DEPT.