



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 worker 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.