

Directions: Complete this form and give to injured employee to be used for authorization of initial treatment.



ROMAN CATHOLIC DIOCESE  
OF ST. PETERSBURG

## Workers' Compensation Claim Initial Treatment Form

**Diocese of St. Petersburg authorizes initial treatment under our workers' compensation policy for the following employee. All the contact and billing information is contained below for our workers' compensation carrier. If you have any questions, please contact**

**Parish/School Name:** Name of your entity - Paylocity Company #

**Supervisors Name:** Donald Duck

**Phone Number:** xxx-xxx-xxxx

Please treat for the following injuries: Neck, left shoulder, left hip

**Date:** xx/xx/xxxx      **Employee Name:** Mickey Mouse

**Claim #:** 9999-08022018 (last 4 of employee SS # - date of accident)

**Please submit all bills to:**

**Commercial Risk Management**  
**PO Box 18366**  
**Tampa, Florida 33679**  
**Claims Phone Number:**

- 1-800-786-6070
- 813-289-3900

**Claims Fax Number:**

- 813-289-3771

**\*\*\*All bills for services must be submitted to the carrier on the appropriate health care form.**

**W** Wallace Welch & Willingham is providing this information solely as general guidance on the subjects covered and should not be considered legal advice. We are only offering assistance from a risk management perspective to help reduce your exposure and limit your liability. Any legal issues should be reviewed by your legal counsel to apply the laws to the particular facts of your situation.

Please email ([vcb@dosp.org](mailto:vcb@dosp.org)) or fax (727-374-0214) a copy of this form to the DOSP Insurance Office.  
Up load form into the Incident Track System ([lossfreeRx.com](http://lossfreeRx.com)) when injury is reported.