

1961 Diamond Springs Road Virginia Beach, VA 23455 Phone: (757) 457-9312 or (888)892-0787 ext 312

MANCON WORKERS' COMPENSATION AUTHORIZATION FORM

Complete and give original to MANCON Employee to take with them to the medical facility for treatment. Send copy of this form to Human Resources with other reports.

The individual identified below has had an on-the-job injury. S/he is seeking medical attention from your facility for this injury. Please review the information below.

Employee Name:	Date of Injury:
Employee IVame:	Body Part Injured:
	Body I art Injured.
Authorizing MANCON Sig	nature: Date:
Services MANCON autho	rizes:
S-Panel Drug Screen	n Required? Xes No
Initial Screen and Assessment of Injury	
For authorization for Follow-Up or Referral Services contact Liberty Mutual – 800-532-7706	
Employer Information	
Company Name:	Management Consulting, Inc. ("MANCON")
Corporate Address:	1961 Diamond Springs Road,
_	Virginia Beach, VA 23455
Contact at MANCON:	Human Resources – Workers' Comp
	757-457-9312 phone
	757-457-9345 confidential fax
	HR@manconinc.com

Workers Comp Carrier Information

MANCON's Workers' Compensation Carrier is Liberty Mutual. Liberty Mutual's mailing address and Workers' Comp Claim number can be obtained by contacting Human Resources, contact information above.

PLEASE SEND BILLS AND MEDICAL REPORTS
(SPECIFICALLY WORK RESTRICTIONS AND FULL DUTY STATUS) TO:
MANCON CORPORATE HUMAN RESOURCES – WORKERS'S COMP
VIA FAX 757-457-9345 OR VIA CORPORATE ADDRESS ABOVE.