

Since 1983



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 ID: \_\_\_\_\_ Body Part Injured: \_\_\_\_\_  
Authorizing MANCON Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Services MANCON authorizes:**

5-Panel Drug Screen Required?  Yes  No  
 Initial Screen and Assessment of Injury

For authorization for Follow-Up or Referral Services contact CNA – 800-262-2000

**Employer Information**

Company Name: MANCON, LLC  
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 CNA. CNA'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.**