

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
 Happy Camp, CA 96039
 Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
 Yreka, CA 96097
 Ph: (530) 842-1644 • Fax: (530) 842-1646

TREATMENT REFERRAL

Supervisors – Give This to Employee When Sending/Taking Employee to Clinic

Medical Facility:			
Address:			
Phone Number:		Fax Number:	
This form authorizes you to administer initial treatment to the following employee who has reported an injury which may be work related.			
Employee Name:		Title:	
Date of Injury:		Type of Injury:	
Worker's Compensation Carrier:			
<p>Tribal First Claims Administration KARUK TRIBE HOUSING AUTHORITY: POLICY OBH181684393 Po Box 609015 San Diego, CA 92160 Fax: (619) 669-2196</p>			
Employee's Supervisor:		Phone:	
Company Contact:	Sara Spence, Executive Assistant	Phone:	(530) 493-1414 Extension 3110
Instructions to Medical Provider:			
<ol style="list-style-type: none"> 1. Advise employer of any work limitations that will apply to the employee's injury/condition and fax to KTHA at (530) 493-1416. 2. Complete a Doctor's First Report of Injury and fax to the Carrier listed above and KTHA at (530) 493-1416. 3. Call the Carrier listed above immediately if any of the following is necessary during the initial visit: Specialist Consultation, Hospitalization, Diagnostic Testing, Physical Therapy, etc. 4. Submit all bills to the Carrier listed above. 5. Call Sara Spence at (530) 493-1414, Extension 3110 if you have any questions. 			