



Human Resource Management

103F Norman Efferson Hall
Baton Rouge, LA 70803
Phone: 225-578-4631
Fax: 225-578-8284
rbarnette@agcenter.lsu.edu

Authorization for Medical Treatment under Louisiana Worker's Compensation Act

Employee Name: _____ Department: _____

Date of Injury: _____ Date of Referral: _____

This employee has been injured on the job and you are authorized to provide necessary medical services.

Authorized by: _____ Title: _____
Unit Head, Supervisor, Safety Officer, HR

Medical Certification:

Please send this form along with a work status report or copy of the medical records related to this Worker's Compensation injury to LSU AgCenter, Ryan Barnette, HR Manager at rbarnette@agcenter.lsu.edu or fax to 225-578-8284.

For Payment:

You may mail or fax all medical bills, notes, records and work status information related to this workers' compensation claim to the address listed below. All bills should be submitted on a HCFA 1500 billing form. Please attach a Sedgwick claim number to all documents. Human Resources and/or the employee will provide the Sedgwick claim number to you once it is generated.

Sedgwick Claims Management Services, Inc.
Claim # [Click here to enter number.](#) (if available at time of visit)
P.O. Box 14775, Lexington, KY 40512 or fax to 859.225.2000