



City of Racine, Wisconsin

**CITY OF RACINE, WISCONSIN**  
**AUTHORIZATION FOR TREATMENT,**  
**DISCLOSURE OF MEDICAL RECORDS**  
**AND PAYMENT FOR WORKER'S**  
**COMPENSATION INJURY**

**(EMPLOYEE- Please provide a copy of this form to every medical provider you see.)**

EMPLOYEE NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
(PLEASE PRINT)

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ NATURE OF INJURY \_\_\_\_\_

TO: Any physician, surgeon, hospital, clinic, chiropractor, osteopath, dentist or other practitioner examining, evaluating and/or rendering treatment to the undersigned:

You are hereby authorized to release copies of any or all medical records concerning the work-related injury occurring on the above date to Cities and Villages Mutual Insurance Company (claims administrator) and/or Bowers & Associates (case management firm). Failure to release these records will delay payment of invoices. The patient will not be responsible for any charges incurred in furnishing such medical records.

**IF THIS INCIDENT WILL RESULT IN TIME OFF THE JOB BEYOND THE DAY OF INJURY OR THE NEED FOR MEDICAL RESTRICTIONS, PLEASE NOTIFY THE CITY OF RACINE (SEE BELOW), SO THAT LIGHT DUTY MAY BE ARRANGED. OUR GOAL IS TO RETURN THE EMPLOYEE TO MEANINGFUL DUTY AT THE EARLIEST POSSIBLE OPPORTUNITY WHILE HONORING ALL MEDICAL RESTRICTIONS.**

In the event this injury is determined not to be work-related, I understand that I am responsible for any medical charges incurred for the above injury.

**INVOICES FOR SERVICES IN CONJUNCTION WITH THE ABOVE INJURY MUST BE SENT TO:**

Cities & Villages Mutual Insurance Company (CVMIC) Phone (262) 784-5666  
9898 W. Bluemound Road Fax (262) 784-5599  
Wauwatosa, WI 53226-4319  
ATTN: Greg Gilsinger

Case Management services are provided by United Healthcare. They may contact you to verify medical necessity of services and/or work releases or restrictions.

United Healthcare Phone (877) 769-7303

SIGNED (EMPLOYEE) \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR/WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Questions on this form may be directed to: Terry Parker, City of Racine Human Resources Dept. (262) 636-9475