



**Cast & Crew**



## Notice to Medical Providers

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**Production/Event Employer:** Please complete the following and fax to the physician prior to the first medical treatment visit for an employee’s work-related injury/illness.

Note to Physician/Medical Provider: The injured worker listed below has been referred to your office for initial medical treatment of an injury/illness that may be work-related. Sedgwick is the administrator for Workers’ Compensation claims. **Please note that a claims examiner from Sedgwick must approve any non-emergency treatment following this visit.**

Employee

Production/Event Company

Name: \_\_\_\_\_

Production/Event Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Project/Event Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

Employer/Supervisor Signature: \_\_\_\_\_

Today’s date: \_\_\_\_\_

**Submit medical invoices to:** Sedgwick  
P.O.Box 14440 Lexington, KY 40512-4440

**Submit work status’ to:** Cast & Crew Entertainment  
2300 W. Empire, 5<sup>th</sup> Floor Burbank, CA 91504  
Ph: 818.848.6022 / Fax: 818.848.4614  
[workcomp@CastandCrew.com](mailto:workcomp@CastandCrew.com)

***This does not guarantee that benefits will be payable under Workers’ Compensation coverage. Benefit payments are always subject to a determination by the claims examiner at the time the service was rendered.***

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