



media services

Notice to Medical Providers

Production/Event Employer: Please complete the following and send with the employee to the first medical treatment visit for a 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, 5th Floor Burbank, CA 91504
Ph: 818.738.9351 / Fax: 818.848.4614
workcomp@CastandCrew.com

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