

BIGGS UNIFIED SCHOOL DISTRICT

TREATMENT REFERRAL FORM

Employee to complete the EMPLOYEE SECTION. Give to Medical Provider.

EMPLOYEE SECTION:

Employee Name: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____ - _____ - _____

Date of Injury: _____ Time of Injury: _____

Type of Injury: _____

Medical Facility/Doctor: _____

Address: _____

City, State, Zip: _____

Phone: _____

Contact: _____

Instructions for Medical Provider

Mark one of the two treatment options below then return this form to **Pam Ragan**

First Aid: One-time or any follow up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth. Does not ordinarily require medical care.

Reportable Claim: Any medical treatment beyond the First Aid guidelines

- 1) Call **530-868-1281 x 252, Pam Ragan** immediately to discuss availability of modified duty if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
- 2) If this is a reportable claim, send the completed Doctor's First Report (5021), all medical bills and corresponding reports to Keenan & Associates at the address listed below.
- 3) Contact Keenan & Associates immediately if any of the following apply:
 - * Questionable Injury
 - * Diagnostic Imaging Request
 - * Consultation Request
 - * Surgery/Hospitalization Request

Information for Medical Provider

Employer:

Biggs Unified School District
300 B Street
Biggs, CA 95917

Benefits Manager: Pam Ragan or Karen Nuchols

PH: 530-868-1281 Pam X 252 Karen X 259

FAX: 530-868-1615

Workers' Compensation Administrator:

Keenan & Associates
P.O. Box 1538
Rancho Cordova, CA 95670

Claims Examiner: Millie Williams

PH: 916-859-7160

FAX: 916-859-7166