



**TAYLOR MADE**

**Taylor Made Sales Agency  
Worker's Compensation  
Authorization for Medical Treatment**

Employee's Name: \_\_\_\_\_

Injury: \_\_\_\_\_

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

Dear Health Care Provider:

Please accept this form as authorization for the above named employee to receive medical treatment for a work-related accident. Billing for this treatment should be directed to:

**KEMI (Kentucky Employer's Mutual Insurance)**

**Worker Comp Claims**

**250 West Main Street**

**Suite 900**

**Lexington, KY 40507**

**800-640-5364**

**Policy #: 348697**

**Fax: 859-425-7822 or 859-425-7842**

**As a reminder, all prescriptions can be charged to these accounts as well as medical services.**

Questions about the work-related accident or employee information should be referred to the Human Resources Department at Taylor Made Sales at [hballinger@taylormadesales.com](mailto:hballinger@taylormadesales.com) or (859) 881-6114.

**AUTHORIZATION:**

\_\_\_\_\_  
Supervisor / Manager

\_\_\_\_\_  
Date