



3601 W. Olive Ave.,
Burbank, CA 91505
818-729-0080

Medical Treatment Authorization Form

Extreme Reach Crew Services
Worker Compensation Contact:
Aldo Cammarota
aldo.cammarota@extremereach.com
818-729-0080 x 28801 – P
818-562-3301 - F

All services require photo identification be provided by employee at time of service.

This is authorization to provide medical services to: _____
Employee Name (First, Last) DOI SS#

Section A: Employer Information
Employer Name: Extreme Reach Crew Services
Address: 3601 W. Olive Ave., Ste 500 Burbank, CA 91505
Contact: Aldo Cammarota
Phone: 818 -729- 0080 x 28801
Fax: 818-562-3301
<i>If deemed First Aid please remit bills directly to Extreme Reach Crew Services.</i>

Section B: Insurance Information
Carrier: ACE American Insurance Company
Policy Number: For Policy Number contact Aldo Cammarota
Policy Dates: 09/01/2017 - 09/01/2018
<i>Please follow up in 48 Hrs for a claim number.</i>

Section C: Patient Information
Body Part(s) Injured:

Section D: Authorization
Authorizer Name:
Authorizer Signature:
Title:
Date:

*Workers' Compensation fraud is a felony offense.
If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Crew Services Risk Management Department immediately.*