



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](mailto: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#

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

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

<b>Section C: Patient Information</b>
Body Part(s) Injured:

<b>Section D: Authorization</b>
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.*