



**AUTHORIZATION FOR INDUSTRIAL MEDICAL, SURGICAL OR HOSPITAL AID**

Employer:	Policy No:
Date of Injury:	By:
To:	, M.D.
Address:	
Please render necessary medical service to:	
and immediately forward "DOCTOR'S FIRST REPORT OF WORK INJURY," together with this authorization, to the appropriate servicing office.	

**California:**

Claims Mailing Address: Republic Indemnity, P.O. Box 20036, Encino, California 91416-0036  
Phone (800) 821-4520, option 1 · Fax (818) 789-7286 · eMail riclaims@ri-net.com

**Greater Bay Area:**

Phone (415) 981-3200 · Fax (415) 954-1177

**Los Angeles / Tri-County / Orange County / San Joaquin Valley:**

Phone (818) 990-9860 · Fax (818) 789-7286

**San Diego / San Bernardino / Riverside / Imperial County:**

Phone (858) 292-7002 · Fax (858) 292-0839

**Arizona / Colorado / Kansas / Missouri:**

Claims Mailing Address: Republic Indemnity, P.O. Box 20036, Encino, California 91416-0036  
Phone (602) 912-9505 · Fax (602) 912-9509

**Third Party Administrators:**

Northern Adjusters, Inc. 1401 Rudakof Circle Anchorage, <b>Alaska</b> 99508 Phone (907) 868-3999 · Fax (907) 868-3866	The Integrion Group 3830 Commons Blvd. NE P.O. Box 27815 Albuquerque, <b>New Mexico</b> 87125 Phone (505) 293-6600 · Fax (505) 293-6400
Intermountain Claims, Inc. 170 South Cole P.O. Box 4367 Boise, <b>Idaho</b> 83711 Phone (208) 323-7571 · Fax (208) 375-8905	Intermountain Claims, Inc. P.O. Box 23547 Portland, <b>Oregon</b> 97281-3547 Phone (503) 626-6966 · Fax (503) 626-7105
Intermountain Claims, Inc. P.O. Box 4546 Missoula, <b>Montana</b> 59806-4546 Phone (406) 542-8869 · Fax (406) 542-8870	Anchor Claims Management P.O. Box 819045 Dallas, <b>Texas</b> 75381-9045 Phone (800) 275-3193 · Fax (800) 275-3194
Nevada Alternative Solutions, Inc. 9506 W. Flamingo Road, Suite 102 Las Vegas, <b>Nevada</b> 89147 Phone (702) 796-1333 · Fax (702) 796-1330	Intermountain Claims, Inc. 1543 East 3300 South Salt Lake City, <b>Utah</b> 84106 Phone (801) 466-7993 · Fax (801) 466-1749