



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 4275, Woodland Hills, California 91365-4275
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) 467-7815

Arizona / Colorado / Kansas / Missouri:

Claims Mailing Address: Republic Indemnity, P.O. Box 4275, Woodland Hills, California 91365-4275
Phone (602) 912-9505 · Fax (602) 912-9509

Third Party Administrators:

Northern Adjusters, Inc. 1401 Rudakof Circle Anchorage, Alaska 99508 Phone (907) 868-3999 · Fax (907) 868-3866	The Integrion Group 5201 Balloon Fiesta Parkway NE P.O. Box 27815 Albuquerque, New Mexico 87125 Phone (505) 293-6600 · Fax (505) 293-6400
Intermountain Claims, Inc. 170 South Cole P.O. Box 4367 Boise, Idaho 83711 Phone (208) 323-7571 · Fax (208) 375-8905	Intermountain Claims, Inc. P.O. Box 23547 Portland, Oregon 97281-3547 Phone (503) 626-6966 · Fax (503) 626-7105
Intermountain Claims, Inc. P.O. Box 4546 Missoula, Montana 59806-4546 Phone (406) 542-8869 · Fax (406) 542-8870	Anchor Claims Management P.O. Box 819045 Dallas, Texas 75381-9045 Phone (800) 275-3193 · Fax (800) 275-3194
Nevada Alternative Solutions, Inc. 9506 W. Flamingo Road, Suite 102 Las Vegas, Nevada 89147 Phone (702) 796-1333 · Fax (702) 796-1330	Intermountain Claims, Inc. 1543 East 3300 South Salt Lake City, Utah 84106 Phone (801) 466-7993 · Fax (801) 466-1749