

# New Jersey Workers' Compensation Authorization

## Authorization For Treatment

**Employee:** Your employers Insurance Company provides for payment of Doctor's services for treatment of accidental injuries which occur during the course of employment. It is necessary that this signed authorization be filled out and signed by your employer/manager before your first visit at our office.

**Employer: To: Dr. Paul E. Koch**

Please give care to : \_\_\_\_\_ (Employee's Name) for injuries received while at work. We will file the necessary claim forms with the NJ State Compensation Fund and our Insurance Company.

**Company Name:** \_\_\_\_\_

**Authorized By:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

**Adjuster/Agent:** \_\_\_\_\_

### Accident Notice:

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

Employee's Address: \_\_\_\_\_  
\_\_\_\_\_

### Accident Information:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**How did the accident happen? (in the employee's own words):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employers Instructions:** The law limits the amount of time that passes between an employee reporting an injury to you , and you filing the proper paperwork with the state and your workers comp insurance company. We have provided you with this checklist to make sure you are compliant.

1. When an employee makes you aware of an on-the-job injury, fill out the "FIRST NOTICE OF ACCIDENT" form immediately or within 2 working days, and send a copy to The NJ Dept. of Labor, a copy to your insurance company, and keep a copy for your records.

2. You need to file a "SUPPLEMENTAL REPORT" at the end of the 7-day disability waiting period or immediately upon the employee's return to work.

Our goal at Koch Chiropractic is to get your employees back to work, and feeling great while they are there. We have a great track-record of helping people so that they can get back to work.

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