



1101 South Cedar Crest Blvd.
Allentown, PA 18103-7902
610-435-3111



1791 Airport Road
Allentown, PA 18109-9528
610-264-5844

YOUR IMMEDIATE ATTENTION IS REQUIRED !!!

Dear Employer,

Based on changes in PA Workers' Compensation Medical Cost Containment regulations, we must send your bills directly to the employer's Workers' Compensation insurance company. You must provide us with necessary insurance information in order for us to process the claim for payment in a timely manner.

EMPLOYER MUST COMPLETE EACH LINE ON THIS FORM AND FAX IT TO CINDY P. at 610-432-5953 WITHIN 48 HOURS.

Name of Employee: _____

Employee Date of Birth: _____ Date of Injury: _____

Name of Employer: _____

Address of Employer: _____

Employer Phone Number: _____

Employer Contact Person: _____

Workers' Comp. Insurance Company: _____

Claim Number: _____

Address for Claims: _____

Adjuster's Name: _____

Employer, should you have any questions about this form, please call Wendy S. or Cindy P. at 610-435-3111 - weekdays from 8:00am to 9:00pm. Thank you.

www.CedarCrestEmergiCenter.com