



INFINITI HR AUTHORIZATION FOR MEDICAL SERVICES and INJURY CARE PROTOCOL

Employer: _____

Guarantor:

Infiniti HR

Email: claims@infinitihr.com

Workers' Compensation Coverage:

Sunz Insurance | Master Policy #: WC015-00001-018

Mailing and Billing: **Next Level Administrators**

Genex

P.O Box 6811

Scranton, PA 18505-0043

P: 1-877-306-6398 | F: 1-833-223-9672

Protocol:

- Modified/Light Duty is always available for all employees regardless of their occupation
- All Medical reports and Injury Status forms should be mailed to Sunz Insurance c/o Next Level Administrators.
- All bills should be mailed to Next Level Administrators
- *Client Company* protocols should not be individually established

Employee Name: _____; **Date:** _____;

SSN: _____; **Date of Birth:** _____; **Client Company:** _____;

Medical Treatment: _____ **Work Related Injury;** _____ **Work Related Illness;** _____

Authorized by: _____; **Title:** _____

Phone: _____; **Date:** _____