



INFINITI HR AUTHORIZATION FOR MEDICAL SERVICES and INJURY CARE PROTOCOL

Employer: _____

Guarantor:

Infiniti HR

Email: claims@infinitihr.com

Workers' Compensation Coverage:

State National Insurance | Policy #:

Mailing and Billing:

CCMSI East

2600 Lake Lucien Drive, Suite 225

Maitland FL, 32751

P: 866-291-0194 | F: 407-660-7323

CCMSI Midwest

114 S. Racine Ave, 2nd Floor

Chicago, IL 60607

P: 866-276-9119 | F: 312-455-1659

CCMSI West

17015 N Scottsdale Road, Suite 325

Scottsdale, AZ 85255

P: 866-299-0349 | F: 480-384-5858

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 State National Insurance, c/o CCMSI.
- All bills should be mailed to CCMSI
- *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:** _____