



INFINITI HR AUTHORIZATION FOR MEDICAL SERVICES and INJURY CARE PROTOCOL

Employer: _____

Guarantor:

Infiniti HR

Email: claims@infinitihr.com

Workers' Compensation Coverage:

United Wisconsin Insurance Company | Master Policy #: WC515-00001-021-SZ

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:

- Please provide a completed copy of the Authorization form to the treating medical facility.
- Please submit all medical paperwork that you may received to the Infiniti HR Claims Dept.
- Medical invoices 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:** _____