

State of California
Division of Workers' Compensation
REQUEST FOR AUTHORIZATION FOR MEDICAL TREATMENT
Section Three – Attachment to PR2

DATE OF REQUEST:

Patient Name:
Employer Name:
Claim Number:
Date of Injury

Requesting Provider
Name
addr
Addr

Instructions:

1. The PR-2 contains all the information needed to substantiate the request for medical treatment authorization such as physical examination, laboratory, imaging, or other diagnostic findings. Reference to specific guidelines used to support treatment should also be indicated in PR-2.
2. List Each Treatment and if applicable frequency, duration, quantity, facility etc.
3. If request is for surgery, please attach full surgery orders, pre-op, and post-op orders.
4. Multiple treatment items may be requested on a single form, or individually requested on separate forms.
5. If request is to continue a treatment plan or therapy, please attached documentation for functional improvement

REQUESTED TREATMENT(S):

Regulation 9792, Workers' Compensation Law of California mandates that the claims administrator has five days from the date of certified mail to respond to requested treatment. Maximum is 14 days with timely requested extension. 72 Hours in case of imminent or serious health threat. Please respond as per the above mentioned regulations of the State of California

Claim Administrator Response (Signed, dated, and faxed back to requestor):

- ☐ The above requested treatments are approved
- ☐ The treatment(s) requested are modified or denied. Please see attached response

Claims Administrator Signature/Date (Fax back to provider)