

131 Saundersville Rd., Ste.220  
Hendersonville, TN 37075  
T: 615-590-1550, Ext 2203  
F: 615-590-0094  
Email: jghrigsby@vericclaiminc.com

Date: \_\_\_\_\_

ATTENTION HEALTH CARE PROVIDER:

\_\_\_\_\_  
EMPLOYEE

is coming to you for services that are to be handled as a worker's compensation case for a work injury occurring at \_\_\_\_\_ on \_\_\_\_\_ (date).

This form will approve medical treatment related to \_\_\_\_\_

Questions regarding medical coverage authorization and billing should be directed to:

Jhonna Ghriksby, Adjuster  
Vericclaim, Inc.  
131 Saundersville Road, Suite 220  
Hendersonville TN 37075  
615-590-1550, Ext. 2203  
Cell: 615-420-5355  
Fax: 615-590-0094

As we have not yet received a claim number for this injury, please use the employee's SSN. Claim number will be provided when assigned.

**Invoices should be billed as follows:**

**Catholic Mutual Group, C/O VeriClaim, Inc., 131 Saundersville Rd., Suite 220, Hendersonville TN 37075.**

Thank you.