

**University of Oklahoma  
Norman Campus Employees**

*Workers' Compensation Referral*

Dear Medical Provider:

Please be advised the following employee is authorized to receive initial care for an injury or illness the employee reports having received on-the-job for the University of Oklahoma. The incident will be investigated. This authorization is not an admission of liability or compensability under the Oklahoma Workers' Compensation Act.

Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
Immediate Supervisor or Departmental Manager

Department: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Please forward medical treatment reports and/or invoices to OU's workers' compensation administrator, effective July 1, 2001:

Claims & Risk Services, Inc.  
P. O. Box 21450  
Oklahoma City, Oklahoma 73156  
Phone: 405/751-0943 or 800/725-0943 (toll-free)  
Fax: 405/751-0951

If you have any questions, you may contact the Department of Risk Management (DORM) on the OU Norman Campus at: Phone: (405)325-0866 or Fax: (405)325-7238.