

# CITY OF KINGSVILLE



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P.O. Box 1458 – Kingsville, Texas 78363

## MEDICAL TREATMENT AUTHORIZATION FOR WORKERS' COMPENSATION INJURY, ILLNESS or EXPOSURE

CITY EMPLOYEE NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WORK RELATED: \_\_\_ INJURY \_\_\_ ILLNESS CITY DEPARTMENT: \_\_\_\_\_

TREATING FACILITY: \_\_\_\_\_ EVALUATION DATE: \_\_\_\_\_

**NOTE: Approved Treating Facilities**

- Christus Spohn ER – Kingsville Tx. 78363
- NextCare Urgent Care – 3308 East Main St. Alice Tx. 78332 – Phone 361-998-9970

REASON FOR VISIT: \_\_\_\_\_

***SEND ALL BILLING STATEMENTS WITH MEDICAL BACKUP TO CITY'S WORKERS'  
COMPENSATION INSURANCE PROVIDER FOR PAYMENT:***

**TMLIRP  
P.O. BOX 2894  
CLINTON, IA 52733-2894  
FAX: (732) 813-1345**

***SEND ALL MEDICAL REPORTS TO:***

**TEXAS MUNICIPAL LEAGUE – INTERGOVERNMENTAL RISK POOL  
400 MANN STREET SUITE 708  
CORPUS CHRISTI, TEXAS 78401  
PHONE: (800)537-6655 or (361)814-1722  
FAX: (512)491-3313**

**SUPERVISOR or HR Specialist:** \_\_\_\_\_

**SUPERVISOR or HR Specialist SIGNATURE:** \_\_\_\_\_

**For questions or more information, please contact:  
CITY OF KINGSVILLE, HR SPECIALIST  
(361)595-8017 Office (361)455-4517 Cell**