



Urgent Care Name:

Please use this as authorization to treat _____ for a work related injury.

Please do a Post-Accident Drug-Test.

Please fax or email DWC to 407-897-6509 or email to claims@kymberlygroup.com.

Kymberly Group
2200 Hillcrest St
Orlando, FL 32803
407-228-6428 P
407-897-6509 F

Carrier:
State National Insurance Company, Inc.
Policy #- TGW900028100

Bills to
North American Risk Services
P.O. Box 166002
Altamonte Springs, FL 32716-6002
Fax: (407) 875-1417

Thanks
Phil Martina
(o) 407-228-6428
(c) (407-466-2357 **if after hours and need authorization**)