



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:
Imperium Insurance
800 Gessner Suite 600
Houston, TX 77024
Policy #- IAUS00009489-01

Bills to
CBCS Claims
Joanne McBrayer
PO Box 28
Dubuque, Iowa 52004

Joanne McBrayer – jmcbayer@cbcclaims.com – (563) 687-6442

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