

Louisiana Horseman's Benevolent & Protective Association
WORKERS' COMPENSATION MEDICAL TREATMENT
AUTHORIZATION

Please fill out and send with employee for treatment. Please fax copy to (504) 383-6095

Employee's Name

Social Security #

Telephone #

Employer's Name

Injury Date

Name of Person Authorizing Treatment

DRUG and ALCOHOL TESTING INSTRUCTIONS: Please test employee for ALL Drugs and Alcohol. This is NON-DOT. It is imperative that the proper chain of custody be maintained. Please mail the test results and invoice for same to:

LA Horseman's Benevolent & Protective Association
P. O. Box 9
Carencro, LA 70520

RETURN TO WORK PROGRAM: LAHBPA has a very aggressive return to work program and offer modified duty whenever medically feasible.

First Contact: Broadspire
 2450 Severn Avenue,
 Suite 500
 Metairie, LA 70001
Lost Time Adjuster: Linda Gardner 504-680-2161
Medical Only Claims: Sharon Weber 504-680-2138

After Hours, please call: Linda Gardner (Cell Phone) 504-261-2016

Please Send all Medical Bills and Medical Information for processing to:

Broadspire
2450 Severn Avenue,
Suite 500
Metairie, LA 70001