



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:
SUNZ Insurance
7405 N Tamiami Trail
Sarasota, FL 34243
Policy #- WCPEO000015204

Bills to
MCMC Attn: Next Level Administrators
2000 Mallory Lane Suite 130-607
Franklin, TN 37067

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