



Injured Worker Notification Form

Attention Production Company: In the event of a work related incident or injury, please have the injured worker take a completed and signed copy of the attached form to the nearest medical facility, hospital or occupational clinic.

For employees of:
Entertainment Partners
2950 N. Hollywood Way
Burbank, CA 91505
PHONE 800.955.4878 / FAX 818.559.3283

NOTICE TO MEDICAL PROVIDER

In an emergency situation, do not delay medical care. Our workers' compensation carrier reserves the right to verify compensability and authorize additional treatment beyond the initial diagnosis and emergency care.

Injury

Date of Injury: _____ Time: _____
Incident Location: _____
Body Part(s) Injured: _____

Employee

Name: _____
Signature: _____ Date: _____

Production Company

Name of Production Company: _____
Representative Name/Title: _____
Signature: _____ Date: _____

Workers' Compensation Mailing Addresses

California Medical Bills
AIG Claims Powered by
Gallagher Bassett Services, Inc.
PO Box 2840
Clinton, IA 52733

Non-CA Medical Bills
AIG Claims Powered by
Gallagher Bassett Services, Inc.
PO Box 2831
Clinton, IA 52733

Contact Entertainment Partners at **800.955.4878** to obtain the name and number of the claim adjuster and receive additional information or authorization.