



**BRING A COPY OF THIS FORM TO THE DOMINICAN HOSPITAL EMERGENCY ROOM**

P.O. Box 14852  
Lexington, KY 40512

Dear Medical Provider and/or Pharmacy:

You are being presented with this form because this employee is filing a claim for industrial injury and/or an industrial condition, during hours that our workers' compensation administrator is not available. Therefore, there currently is no open claim for this injury.

However, please be advised that Sedgwick and the Scotts Valley Fire Protection District will be handling this claim. Although a claim number has not been assigned, simply make sure that the injured workers' name, social security number and date of loss is on your billing and send all bills to Sedgwick, PO Box 14852, Lexington, KY 40512 for review and processing.

Should you have any questions, feel free to contact Sedgwick at (800) 922-5020 or the Scotts Valley Fire Protection District at (831) 438-0211.

Thank you for your anticipated cooperation.

Scotts Valley Fire Protection District

Sedgwick

Injured Worker: \_\_\_\_\_  
(Please Print)

Date of Loss: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
(Please Print)

Supervisor Signature: \_\_\_\_\_