

**Town of Manchester
Workers' Compensation
Employee Initial Medical Treatment Authorization Form**

Please complete and give this form to the injured employee to bring with him/her when seeking initial treatment at one of the facilities listed below.

Date: _____

Employee's Name: _____

Department: _____

Please treat this Town of Manchester employee for a work-related accident, injury or illness.

Treating facility:

If you have questions please call _____ at _____
(supervisor's name) (phone number)

or call Human Resources Specialists:

Jan Devendorf - 860 647-3148

Tricia Catania - 860-674-3102

Please fax the medical report to the Human Resources Department at (860) 647-5241.

Medical Facilities

CorpCare

2800 Tamarack Avenue, Suite 001
South Windsor Connecticut 06074
Telephone: (860) 647-4796
Fax: (860) 644-0287
Monday through Friday
8:00 a.m. – 5:00 p.m.

Urgent Care at South Windsor

2800 Tamarack Avenue, Suite 001 (south entrance)
South Windsor Connecticut 06074
Telephone 860-533-4686
Monday through Friday
9:00 a.m. to 8:30 p.m.
Saturday 9:00 a.m. to 1:30 p.m.

**Manchester Memorial Hospital Emergency Room
(for after hours, weekends and emergencies)**

71 Haynes Street
Manchester Connecticut 06040
(860) 647-4770 or 646-1222
Sunday through Saturday
Open 24 hours - 7 days a week