



## INITIAL TREATMENT CERTIFICATION

This will cover the following date(s) only: \_\_\_\_\_

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Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Injured Worker \_\_\_\_\_

Date of Injury \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer Flagler County \_\_\_\_\_

Description of Injury \_\_\_\_\_  
\_\_\_\_\_

Billing PGCS  
C/O Amerisys  
140 Alexandria Blvd. Ste. H  
Oviedo, Fl. 32765  
Phone: 321-832-1400

Case Manager \_\_\_\_\_

Flagler County Human Resources: 1769 E. Moody Blvd, Building 2, Bunnell, Florida 32110  
Phone: 386-313-4007 Fax: 386-313-4107

10/1/2013