

# Medical Treatment Authorization

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Examiner:* Please render treatment to:

Name: \_\_\_\_\_

Employer: Southwest Cook County Co-Op

Address: 6020 West 151<sup>st</sup> Street

Phone: (708) 687-0900

WC Representative signature: *Melody Morrow*  
or Designee

- New Injury                       Physical Exam  
 Audiogram                      \*  X-ray  
 Drug Screen                       Other, explain \_\_\_\_\_

**\*Please be aware some test may require  
pre-approval from our insurance carrier**

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Send all correspondence to: Melody Morrow, Workers' Compensation  
Southwest Cook County Co-Op  
6020 West 151<sup>st</sup> Street  
Oak Forest, Illinois 60452

Mail/Fax Medical Bills To: Cambridge Integrated Services Group, Inc.  
175 West Jackson Boulevard Suite 1000  
Chicago, Illinois 60604  
Fax #: (312) 381-8991