

Dear Doctor:

Please admit _____, an employee of _____,
located at _____ this date _____ for treatment of
his/her work related injury.

Conlon Company Inc. as our Risk Management company, has been hired for the purpose of administering all insurance related matters, including worker's comp claims administration.

Any communications regarding our injured employees, such as billing, prognosis, return to work date, etc. should be directed to their office as follows (Please note that insurance companies cannot pay bills without the appropriate medical notes accompanying same):

Direct all correspondence to:

Elizabeth Harris
Conlon Company Inc.
PO Box 159
Sullivan's Island, SC 29482

Phone: 843 883-8325
Fax: 843 883-5299
Email: liz@conloncompany.com

We ask that you recognize that we have a policy of bringing our employees back to work as soon as possible, and in order to assist with that process we ask that you complete the appropriate forms and fax to us within 48 hours of the time that you have determined that the injured employee will be deemed able/unable to return to work right away and/or will require limited duty status.

Thanks very much for your help and cooperation.

Manager