

# EMPLOYER

Be sure to print this card for injured employees to present to the treating medical facility.

You can also find a list of medical providers on our website, if needed.

Workers' Compensation Insurance Identification Card for  
**Bridgefield Casualty Insurance Company**



Injured Worker's Name *(Not Required)*

For precertification and authorization,  
call 1-800-282-7644.

This injured worker's employer has workers' compensation insurance through Bridgefield Casualty Insurance Company, which has a Florida managed-care arrangement through Heritage Summit HealthCare LLC.

You should visit [www.summitholdings.com](http://www.summitholdings.com) or call 1-800-282-7644 for a list of in-network providers available for nonemergency testing or referrals.

Possession of this card is not to be construed as authorization for medical service or payment.

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FLORIDA ONLY  
FLORIDA ONLY

Please mail all bills to  
Summit Claims Center  
PO Box 2928 • Lakeland, FL 33806-2928

For inquiries, call  
1-800-282-7644

Office hours

Monday – Friday, 8:00 a.m. – 5:30 p.m., Eastern Time

For after-hours authorization and other assistance,

Any person who, knowingly and with the intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a third-degree felony.

[www.summitholdings.com](http://www.summitholdings.com)

Cut along solid line and fold on dotted line.