



# TEMPORARY AUTHORIZATION TO REVIEW INFORMATION

TO: EMPLOYER SERVICES DEPARTMENT  
 Ohio Bureau of Workers' Compensation  
 c/o CareWorks Consultants, Inc.  
 5500 Glendon Court  
 Dublin, Ohio 43016  
 1-800-837-3200 ext. 8595  
 Fax 1-888-837-3288  
 www.careworksconsultants.com  
 info@ccitpa.com

FROM:

Policy Number
Company
DBA
Address

This is to certify that **CareWorks Consultants Inc. (ID NO. 150-80) and Buckeye WC Alliance/Builders Exchange of East Central Ohio (06000, 2012/2013, code 11/20)** including its agents or representatives identified to you by them has been retained to review and perform studies on certain workers' compensation matters on our behalf.

**This limited letter of authority provides access to the following types of information relating to our account:**

- (1) Risk files
- (2) Claim files
- (3) Merit-rated or non-merit rated experiences
- (4) Other associated data

**This authorization does NOT include the authority to:**

- (1) Review protest letters
- (2) File protest letters
- (3) File form Application for Handicap Reimbursement (CHP-4);
- (4) Notice of Appeal (I-12) or  
Application for Permanent Partial Reconsideration (IC-88);
- (5) File self-insurance applications
- (6) Represent the employer at hearings
- (7) Pursue other similar actions on behalf of the employer

I understand that this authorization is limited and temporary in nature and will expire on February 28, 2012 or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, length of authorization will not exceed nine months.

Print Name	Title	Signature	Date
Telephone Number		Fax Number	Email Address