



THIS IS A XCC ACCOUNT!

Employer Address:

Point of Contact(s) – To be used for authorization/questions/concerns.

Authorized Services – *For any requested services NOT listed, notify Ruthy Engdall.*

Escreen Account –

Worker's Compensation Insurance (chosed this in ECW)

DWC-25 must be sent via fax to:

Email DWC-25 to: