



## Temporary Authorization to Review Information

To: Wickens, Herzer, Panza, Cook & Batista

Fax To: 1-440-930-8098

Or  
**RETURN TO:**  
 35765 Chester Rd  
 Avon, Ohio 44011  
 Phone 440-930-8000  
 FAX: 440-930-8098

From: Policy number
Entity
DBA
Address  _____

**NOTE:** For this to be a **VALID** letter, it must be stamped by the Self-Insured Department for self-insured employers or by the Employer Services Department for all employers other than self-insured. This authorization, being temporary in nature, will not be recorded via computer or be retained by risk technical services. A copy must be in the possession of a representative when requesting service relative to the authority granted therein.

This is to certify that WICKENS, HERZER, PANZA, COOK & BATISTA CO. (21152-91) 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.

The limited letter of authority provides access to the following types of information relating to our policy:

- (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 CHP-4;
- (4) File Motions, I-12s or IC-88s;
- (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 \_\_\_\_\_ or automatically nine months from the date received by the Employer Services or Self-Insured Department, whichever is appropriate. In either case, the length of authorization will not exceed nine months.

Telephone number	Fax number	E-mail address
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Print name	Title	Signature	Date
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