



Refusal of Medical Treatment

Atlantic Payroll Partners, LLC has offered and **I have refused medical treatment.** I understand that it is the policy of Atlantic Payroll Partners to secure medical treatment for any employee who is injured on the job. I also understand that it is the policy of Atlantic Payroll Partners to have a post-accident drug screen and that this refusal of medical treatment does not remove the requirement that I receive a post accident drug screen.

Print Name: _____

Signature: _____ Date: _____

Rechazo Del Tratamiento Medico

Atlantic Payroll Partners lo ha ofrecido, y **yo he rechazado el tratamiento medico.** Yo entiendo que una poliza de Atlantic Payroll Partners es asegurarse de ofrecer tratamiento medico para el empleando que sufre un accidente de trabajo. Tambien, comprendo que es poliza de Atlantic Payroll Partners el hacer examen de drogas en caso de accidente, el el rechazo del tratamiento medico no significa que quede libre del examen de drugos en accidente de trabajo.

Nombre: _____

Firma: _____ Fecha: _____

Submit completed forms to Atlantic Payroll Partners ASAP:

Email: claims@atlanticpayroll.us

Fax: 772-466-0410

Questions: Call 772-466-0440