

# USSIC EMPLOYER REIMBURSEMENT

13403 Northwest Freeway, Houston, TX 77040



## OFFER OF MEDICAL TREATMENT DECLINED

I, \_\_\_\_\_, declined medical treatment on this date  
of \_\_\_\_\_ for an injury sustained on the date of \_\_\_\_\_.

I am aware that my employer, \_\_\_\_\_  
will not be responsible for any medical expenses unless specifically approved by my  
employer, \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee