



## No Fault, MVA and Workers' Compensation Tool & Treatment Plan

We accept workers' compensation in our clinics. We are able to tentatively schedule patients that have a workers' compensation case, pending verification from their adjuster. Always inform the doctor about the case before scheduling, in case the provider needs other pertinent information.

### Please Complete the Information Below

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Contact Name & Phone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

ICD 10 Codes: \_\_\_\_\_

Claim/Reference Number: \_\_\_\_\_

Adjuster Contact Name & Email: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Claims Address: \_\_\_\_\_

Insurance Company Phone Number & Fax: \_\_\_\_\_

Verified by (Clerical Staff Name): \_\_\_\_\_

Verification Date & Time: \_\_\_\_\_

Current Treatment Schedule From: \_\_\_\_\_ To: \_\_\_\_\_



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### **Goals and Objectives:**

- Decrease Pain Level
- Decrease Need for Medication
- Continue Medical Maintenance and Management
- Return to Work Full Duty

### **Services Requested:**

- Physical Therapy       Occupational Therapy
- X/Weeks for up to \_\_\_\_\_ Weeks    **OR**    Total visits of: \_\_\_\_\_
- Consulting to: \_\_\_\_\_
- Diagnostic Imaging: \_\_\_\_\_
- Procedure/ Surgery: \_\_\_\_\_ CPT: \_\_\_\_\_
- Other: \_\_\_\_\_

### **For Claims Adjustor (Please fill in and mark appropriate response):**

Treatment Plan Request(s):     APPROVED       UNNAPPROVED

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Adjustor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_