



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: _____