

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

MEDICAL REPORT

Initial Interim Final

FAILURE TO SUBMIT THIS REPORT TO THE INSURER WILL JEOPARDIZE PAYMENT OF FEES

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
-----------------	--------------------	---------------------	------	-------------------------	----------------

EMPLOYEE	Address		City	State	Zip Code	Phone Number
EMPLOYER	Name			Address		
Phone Number				City	State	Zip Code
INSURER / SELF-INSURER	Name			Address		
CLAIMS OFFICE	Name		Phone Number	City	State	Zip Code

1. Date disability began	2. Date of first treatment	3. Services authorized by <input type="checkbox"/> Employer Dr. (name): _____ <input type="checkbox"/> Other (specify): _____	
4. Patient History		6. Describe Diagnosis	
5. Findings from Examination		ICD-10 code	
7. Describe Treatment		8. Prognosis	

9. Date of maximum recovery	10. Doctors estimate of length of disability	11. Catastrophic Case Management Recommended
12. Date discharged as cured	13. Date patient stopped treatment without an order	14. Date patient refused treatment
15. a. Date patient able to return to work without restrictions	16. Hospital name and address if hospitalized	17. Does employee have any permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify part of body Percentage based upon AMA guides _____ %
b. Date patient able to return to work with restrictions		
c. List any restrictions		

Date of Service	CPT Code	Medical and Surgical Services / Drugs (itemize)	Units	Amount

Doctor's Name		FEIN / SSN	Address		
Doctor's Signature		Date	City	State	Zip Code
FILE THREE (3) COPIES WITH INSURER OR SELF-INSURER (PLEASE TYPE)					

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).