

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

CONSOLIDATED YEARLY REPORT OF MEDICAL ONLY CASES AND

ANNUAL PAYMENTS ON INDEMNITY CLAIMS

File on or before March 1st following each calendar year.

A. INSURER/SELF-INSURER/GROUP FUND

NOTE: INSURERS / SELF-INSURERS / GROUP FUND USE NAME AS IT APPEARS ON PERMIT

Insurer/Self-Insurer/Group Fund	SBWC ID# (five digit no.)	Reporting Year
IT IS THE RESPONSIBILITY OF THE INSURER OR SELF-INSURER TO CONSOLIDATE ALL INDIVIDUAL CLAIMS OFFICE REPORTS INTO ONE REPORT AND SUBMIT YEARLY TO THE STATE BOARD OF WORKERS' COMPENSATION. THE TOTAL NUMBER OF CLAIMS AND TOTAL MONEY REPORTED IS FOR A CALENDAR YEAR JANUARY 1 st TO DECEMBER 31 st . FILE ANNUALLY EVEN IF NO REPORTABLE INJURIES OR PAYMENTS OCCURRED DURING THE REPORTING YEAR.		

B. MEDICAL ONLY CLAIMS

PLEASE REPORT TOTAL YEARLY MEDICAL EXPENSES BELOW:

Total Number of Medical Only Claims this Year	Total Amount Paid on Medical Only Claims this Year
<input type="checkbox"/> I certify to the best of my knowledge the total payments shown have not been reported as lost time medical on a form WC-4	

C. INDEMNITY CLAIMS

Total Amount Paid On Indemnity Claims This Year
Total Number of Indemnity Claims This Year
Total Amount of Temporary Total Benefits Paid This Year
Total Amount of Temporary Partial Benefits Paid This Year
Total Amount of Permanent Partial Benefits Paid This Year
Total Medical Paid on Indemnity Claims This Year (Do not include hospital payments)
Total Hospital payments on Indemnity Claims This Year

By (Type or Print Name)	Phone Number	Date
Address of Submitting Office		
E-mail		

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).