

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.	Date of Injury
-----------------	--------------------	---------------------	------	----------------

EMPLOYEE	Address	City	State	Zip Code	Phone Number
EMPLOYER	Name		Mailing Address		
	Phone Number		City	State	Zip Code
INSURER / SELF-INSURER	Name		Mailing 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 <input type="checkbox"/> Dr. (name): _____ <input type="checkbox"/> Other (specify): _____	
4. Patient History			
5. Findings from Examination		6. Describe Diagnosis	
		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/CDT Code	Medical, Surgical, and Dental 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).