

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

CASE PROGRESS REPORT (File per Board Rule 61(b)5)

Check Only One: Initial Supplemental Final Reopened

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury
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A. IDENTIFYING INFORMATION

EMPLOYER	Name	Insurer /Self Insurer File Number	SBWC ID# (five digit no.)	Date of Final Weekly Payment
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B. INDEMNITY PAYMENTS (enter actual amounts paid)

	RATE	WEEKS	DAYS	TOTAL PAYMENTS
<input type="checkbox"/> (a) Temporary Total				
<input type="checkbox"/> (b) Temporary Partial				
<input type="checkbox"/> (c) Permanent Partial				
<input type="checkbox"/> (d) Death				
<input type="checkbox"/> (e) Stipulation/Settlement				
<input type="checkbox"/> (f) Advances				

C. TOTAL PAYMENTS TO DATE

1	Total Indemnity	
2	Physician	
3	Hospital	
4	Pharmacy	
5	Physical Therapy	
6	Chiropractic	
7	Other (Medical)	
8	Rehabilitation / Vocational (excluding all of the above)	
9	Late Payment Penalties	
10	Assessed Attorney's Fees	
11	Burial	
Totals		

D. RECOVERY PAYMENTS

Recovery code: <input type="checkbox"/> for Subrogation <input type="checkbox"/> for Overpayment <input type="checkbox"/> for SITF <input type="checkbox"/> Other
Remarks

E. CERTIFICATION

<input type="checkbox"/> I certify that the total payments are as correct as the available information indicates.			
Type or Print Name	Signature		Date
Address		E-mail	
City	State	Zip Code	Phone Number
Insurer/Self Insurer Name		Claims Office Name	

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).