

# 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				
<b>EMPLOYER</b>	Name	Insurer /Self Insurer File Number	SBWC ID# (five digit no.)	Date of Final Weekly Payment

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
<b>Totals</b>	

D. RECOVERY PAYMENTS
<b>Recovery code:</b> <input type="checkbox"/> for Subrogation <input type="checkbox"/> for Overpayment <input type="checkbox"/> for SITF <input type="checkbox"/> Other
<b>Remarks</b>

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).