

# 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
-----------------	--------------------	---------------------	------	-------------------------	----------------

<b>EMPLOYEE</b>	Address		City	State	Zip Code	Phone Number
<b>EMPLOYER</b>	Name			Address		
Phone Number				City	State	Zip Code
<b>INSURER / SELF-INSURER</b>	Name			Address		
<b>CLAIMS OFFICE</b>	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  ICD-9 code _____	
5. Findings from Examination		8. Prognosis	
7. Describe Treatment			

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    If yes, specify part of body <input type="checkbox"/> No  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			
FILE THREE (3) COPIES WITH INSURER OR SELF-INSURER (PLEASE TYPE)			City	State	Zip Code

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).