



REHABILITATION INDIVIDUAL WORKERS' COMPENSATION MEDICAL AUTHORIZATION INSTRUCTIONS

PURPOSE

To report medical treatments required for any incident, accident or injury associated with the DSB Individual/Worker.

PREPARED BY

DSB staff receiving the Individual Proof of Injury and Incident Investigation Report.

INSTRUCTIONS

Name of Individual

Last: Enter the eligible individual's last name.

First: Enter the eligible individual's first name.

Social Security Number: Enter the individual's nine-digit Social Security Number.

Date of Injury: Enter the two-digit month, two-digit day and four-digit year the injury occurred.

The authorized person signs and dates the form.

DSB staff will contact Workers' Compensation insurance carrier at the telephone number listed on the form and advise of the action being taken.

DSB staff will contact the DSB Workers' Compensation Administrator immediately.

DISTRIBUTION

Original: Individual Worker

Copy: Case Record

Fax to local business Human Resource (HR) representative or his or her authorized agent.

Fax directly to the medical office where the individual will be seen for medical examination.