MRM TRUST

Municipal Risk Management Workers' Compensation Pooled Trust

August 22, 2016

Dear Member:

The Bureau of Labor and Industry has been upgrading its system to make claims handling more efficient, timely and precise. To that end, we need to submit information to that system as precise and quickly as possible.

Therefore, we have attached a form that needs to be given to every employee when injured. They should take the form to the provider for every visit, have it completed by physician and returned to us as quickly as possible. It is imperative that this procedure be done for any and all treatment.

You may either fax it to us at 724-934-1609 or scan/email to WC-Claims@mrmtrust.com.

Thank you in advance for your cooperation in this matter.

Phone: ***724-934-1596*** • *Fax:* ***724-934-1609*** • *WC-Claims@mrmtrust.com* • *1603 Carmody Court, Suite 403 • Blaymore II • Sewickley, PA 15143*

PHYSICIAN UPDATE

Following each office visit, please complete and FAX to 724-934-1609 or scan/email to WC-Claims@mrmtrust.com

***Patient to complete*:**

Patient Name ______________________________ Date of Injury ________________

Date of Birth ________________________

How did injury occur? ____
____

I authorize the release of the following information to my employer, insurance carrier and medical case manager.

Signature ________________________________ Date _________________________

The following to be completed by the treating physician:

Diagnosis ____

Return to pre-injury without restrictions? Yes _____ No _____

Employee can return to work with the following restrictions:

( ) Sedentary work: Lifting 10# maximum and occasionally lifting and or carrying such articles as dockets, ledgers, small tools. There may be some walking required to carry out the job, but walking and standing are required only occasionally.

( ) Light work: Lifting 20# maximum with frequent lifting and/or carrying of objects weighing up to 10# even though the weight lifted may be a negligible amount, a job is in this category when it involves sitting most of the time with a moderate degree of pushing and pulling of arm or leg controls.

( ) Medium work: Lifting 50# maximum with frequent lifting and/or carrying of objects weighing up to 25#.

( ) Heavy work: Lifting 100# maximum with frequent lifting and/or carrying of objects weighing up to 50#

Additional restrictions: ____

Effective return to work date: ________________________

If patient cannot return to work, anticipated return to work date: ___________________

Treatment recommendations: ____

Diagnostic testing: ____

Next office visit: _____________________________________

Physician: _______________________________________ Date: _________________

Name of Provider/Facility (PLEASE PRINT) ____

Address: ____