

Important Notice: Section 306(a.3) of the Pennsylvania Workers' Compensation Act provides that an insurer (employer) may request a workers' compensation claimant, on total disability status, to attend a medical examination to determine the degree of their impairment due to the compensable injury. This examination should occur after the expiration of 104 weeks of total disability. The purpose of the examination is to determine the degree of impairment using the American Medical Association "Guides to the Evaluation of Permanent Impairment" 6th edition (second printing April 2009). If this evaluation results in an impairment rating of less than 35 percent, your benefits status will change to "partial disability" which has a 500 week duration limit. The amount of wage loss compensation checks you are receiving is not affected by this change in status. If this evaluation is requested and scheduled within 60 days of the end of the 104 week period and results in a change to partial disability status, the effective date for that change is at the end of the 104 weeks. If the evaluation is initially scheduled more than 60 days after the end of the 104 weeks, any resulting change in status occurs on the date of the medical evaluation or as determined by the evaluating physician.

Prior to your receiving this form, you or your attorney (if appropriate) may have been contacted regarding your agreement to the selection of an impairment rating physician. In the alternative, the Department of Labor & Industry may have been requested to assign an impairment rating physician.

If you fail to attend the impairment rating evaluation, your workers' compensation benefits may be suspended (stopped) through the decision of a Workers' Compensation Judge.

You have received 104 weeks of total disability benefits as of - -
MM DD YYYY

You have been scheduled for a medical examination with Dr. _____ NAME
who is located at: _____

Please report to this office at _____ TIME AM PM on - -
MM DD YYYY

The doctor has been selected: through mutual agreement of parties
 by the Department of Labor & Industry, Bureau of Workers' Compensation

Please be prompt in arriving for this examination. You will be advised by an official notice of the results of the evaluation. A copy of this impairment rating evaluation appointment is being provided to the employee and the employee's attorney (if known).

Claims representative's signature

Claims representative's name (typed/printed)

Date filed
 - -
MM DD YYYY

Telephone

Mail to:
1171 S. Cameron Street, Harrisburg, PA 17104

Email

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program