

I examined the referenced employee, _____, with regard to establishing an impairment rating determination to define the degree of impairment due to the compensable injury, if any, in accordance with the provision of Section 306(a.2) of the Pennsylvania Workers' Compensation Act.

Attached is the Report of Medical Evaluation prepared as utilized by the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment.

The original of this face sheet and report is being provided to the Bureau of Workers' Compensation, Healthcare Services Review Division, 1171 S. Cameron Street, Harrisburg, PA 17104-2501, with copies to the employee, the employee's attorney (if known) and the insurer within 30 days of the date of the impairment evaluation.

Name of patient: _____

Social Security number: **XXX-XX-** _____

Date of birth: _____

Date of this examination: _____

Percentage of impairment rating: _____ %

My charge of \$ _____ will be billed to the Insurer or Third Party Administrator (if self-insured) for conducting this examination.

I attest that I am a physician in the Commonwealth of Pennsylvania and certified by an American Board of Medical Specialities approved board or its osteopathic equivalent, and that I have an active clinical practice of at least twenty (20) hours per week.

Physician

Name _____
Address _____
Address _____
City/Town _____ State ____ ZIP _____
Telephone _____
Federal Tax ID number _____
MC Provider #NPI# _____
Specialty _____
Contact _____

Provider or Representative's signature

Date of this notice

		-			-				
MM			DD			YYYY			

Provider or Representative's name (typed/printed)

Telephone

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
toll-free inside PA TTY: 800.362.4228
local & outside PA TTY: 717.772.4991

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



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