

Send Completed Form To: Zurich Insurance PO Box 968044 Schaumburg, IL 60196-8044 FAX: 973-394-5262

ATTENDING PHYSICIAN'S REPORT

| Claimant Name | Claim Number |
|--|---|
| Claimant Address and Phone Number | Social Security Number –Last four digits |
| | Date of Injury |
| | Examination Date |
| | Next Appointment |
| Physician Name, Address and Phone Number | Injury Diagnosis |
| | Maximum Medical Improvement Achieved? |
| | Functional Capacity Evaluation Recommended? |
| | Independent Medical Evaluation Recommended? |
| May return to work without restrictions on | May return to work with restrictions as stated below |
| Temporarily and totally disabled from work | from through If the restrictions cannot be accommodated at work the injured worker should remain off work. Please be specific; do not just state "light duty". The restrictions are: |
| from through | |
| due to: | |
| | |
| Objective Findings | |
| Subjective Findings | |
| Treatment Plan (medication prescribed, consultations, diagnostics, physical rehabilitation or surgery recommended) | |
| Physician Signature | Date |
| | |

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This form is intended to provide the workers' compensation insurance carrier documentation for claims management, including but not limited to payment of wage loss benefits, coordination of return to work and authorization for recommended treatment.

All sections of this form are required fields.

The claimant's name and claim number are critical to direct the document to the correct claim file when it arrives at the workers' compensation insurance carrier's office.

Where a time frame is requested for a temporary total disability period, start and end dates must be specified. Responses such as "Unknown" or "Undetermined" will not result in an appropriate benefit update.

If enough space is not available on this form to describe restricted duty work restrictions please attach an amendment on the form of your choice.

Maximum medical improvement (MMI) means a condition that has become static or stabilized during a period of time sufficient to allow optimal recovery, and one that is unlikely to change in spite of further medical or surgical therapy.

A functional capacity evaluation (FCE) is performed by a medical professional qualified under Rule 20 measures and quantifies the physical abilities essential in performing a specific job and/or objectively defines functional abilities or limitations in the context of safe and productive work.

An independent medical evaluation (IME) is an examination by a qualified physician selected by the insurance carrier to render an opinion as to whether maximum medical improvement has occurred, degree of whole man impairment, if any, present and unmet treatment needs, if any.

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