

Workers' Compensation Treatment Authorization

PMA# 0839910

School District: Independence School District

School Name: _____

Address: _____

School District Contact: Debby Acuff or Trisha Beck Phone Number: 816-521-5424

Fax Number: 816-521-5677

EMPLOYEE INFORMATION

Employee Name: _____

Employee Address: _____

Employee Phone Number: Home _____ Work _____

Employee SSN: _____ Employee DOB: _____

Date of Injury: _____ Injured Body Part: _____

How Did Injury Occur? _____

Sent to Location (below): _____ Date: _____

- ISD Employee Health Clinic: **(7:00 AM – 12 Noon & 1 PM – 6 PM, M – F; 8 AM – Noon, Sat)**
- The Urgency Room: (8 AM – 8 PM, 7 Days/Weekly)
- Urgent Care of Kansas City: (Independence)
(8:30 AM – 9:00 PM, M – F; 8:30 AM – 6 PM Sat; 8:30 AM – 5:30 PM, Sun; 8:30 – 3:30 PM, Holidays)
- Other Provider Care Clinic Location: _____
- Emergency Care: Truman Medical Center Lakewood
- Emergency Care: Centerpoint Medical Center
- Other: _____

Treatment Authorized By: _____
(Print Name) (Signature)

PROVIDER SECTION

Please complete information below and fax to PMA at 1-800-432-9762 and the district contact listed above.

(Note: The medical provider's standard injury status report reflecting the injured worker's return to work status can be substituted to fax the information requested below to both PMA and the district contact listed above.)

Diagnosis: _____

Treatment Recommendations: _____

Return to Work Status Effective Date: Modified Duty _____ Full Duty _____

Detail Restrictions below No Restrictions Unable To Return to Work Until _____

No Lifting Over _____ lbs. No Pushing/Pulling Over _____ lbs.

Additional Modifications: _____

Follow-up Appointment: Date/Time _____ None Needed _____

Provider Signature: _____

Referrals to Medical Specialists **MUST BE PREAUTHORIZED** by contacting PMA at 1-888-476-2669.

Send medical bills to: PMA Customer Service Center
P. O. Box 5231
Janesville, WI 53547-5231