R Randal Aaranson, D.P.M.
James S. Burke, Jr., M.D.
Brandon A. Doser, D.P.M.
William K. Feinstein, M.D.
John J. Holtzman, D.P.M.
Richard E. Hulsey, M.D.
Robert S. Kramer, M.D.
Christopher D. Mudd, M.D.

ORTHOPEDIC ASSOCIATES
Superior Access. Exceptional Care.

Michael P. Nogalski, M.D.
Christopher P. O'Boynick, M.D.
Ryan T. Pitts, M.D.
Patrick T. Sweeney, M.D.
Bethanie A. Dinan, P.A.-C., M.C.M.S.
Angela G. Gauthier, P.A.-C.
Katie E. House, F.N.P.-C.
Andrea Hyde, A.G.P.C.N.P.-B.C.

WORKERS' COMPENSATION AUTHORIZATION

Employer: _____ Date of Injury: _____

Insurance Company: _____

_____ Adjuster/NCM/Employer

_____ Ins Co./NCM/Employer

_____ Claim # or SS #

Patient Name: _____ Date of Birth: _____

Patient is authorized to be treated by Dr. _____

for an injury to his/her _____ that occurred on _____.

We authorize Dr. _____ to:

CHECK CARE THAT IS AUTHORIZED

☐ Examine and Treat the Patient (Treatment May Include X-Rays and/or Physical Therapy at the Discretion of the Physician)

☐ Order Diagnostic Tests (e.g., Cat Scan, MRI, Bone Scan, Lab Work, EMG/NCV)

☐ Is Light Duty Available: YES or NO

Special Instructions: _____

_____

I acknowledge that, unless we have a direct agreement with Orthopedic Associates for a discount, the fees for services related to this injury and billed by Orthopedic Associates will be paid in full or processed through a workers' compensation network in which Orthopedic Associates participates, that no out-of-state fee schedule will be applied, and that no repricing entity, such as Fairpay, will be used.

_____ _____
Signature of Authorizing Party Phone Number (Including Area Code) of Authorizing Party

_____ _____ _____
Print Name of Authorizing Party Fax Number of Authorizing Party Email Address of Authorizing Party

*This letter must be received at our office within 24 hours of the appointment to avoid rescheduling the appointment.

Appointment Date/Time: _____ _____
Appointment Scheduler/Date

Return Fax Number: _____

Return Email Address: _____

***Any questions, please call (314) 714-3200.**