NEW HAMPSHIRE WORKERS' COMPENSATION MEDICAL FORM

This form must be completed at each health professional visit (MD, DO, DC or DDS) and must be filed with the workers' compensation insurance carrier within 10 days of the treatment (first aid excluded). Failure to comply and complete this form shall result in the provider not being reimbursed for services rendered and may result in a civil penalty of up to \$2,500.

In compliance with RSA 281-A:23-b, the employer with 5 or more employees must provide temporary alternative/transitional work opportunities to all employees temporarily disabled by a work related injury or illness.

Employee					Employer			
SS#					Work telephone #			
Occupation					Employer contact			
Date last worked					Employer address			
W.C. insurer								
			HEAL	TH PROFES	SSIONAL T	TO COMPLETE		
Initial visit					of Injury	Time		
Worker's compla	ints							
Diagnosis/Progno	sis							
Treatmentplan_								
Employee Can bend kneel		□ W				Employee can lift/carry maximallylbs. Employee can lift/carry frequentlylbs. Employee can work a maximum of # hours/day,		
squat climb stand						#days/wk. What special accommodations are required?		
walk sit reach drive						OtherHas employee reached maximum medical improvement Yes No		
do fine motor		1				Has injury caused permanent impairment?		
No repetitive motions	Right Left	Wrist	Elbow	Shoulder	Ankle	Yes No Undetermined		
		A	LL MEDIC	CAL NOTES	MUST BE	ATTACHED TO BILL		
I certify that the n complete to the be				ncipal and sec	ondary diaş	gnosis and the major procedures performed are accurate and		
Provider's signature				Provi	der's Printed r	ame Provider's telephone #		
Federal ID# MEDICAL AUTHO	RIZATION	N: The act	of the worker i	in applying for w	Date of Visit	pensation benefits constitutes authorization to any physician, hospital,		

chiropractor, or other medical vendor to supply all relevant medical information regarding the worker's occupational injury or illness to the insurer, the worker's employer, the worker's representative, and the department. Medical information relevant to a claim includes a past history of complaints of, or treatment of, a condition similar to that presented in the claim. [281-A:23 V(a)]