# Workers' Compensation
# Referral Authorization Form

Prior medicals and diagnostic reports required for scheduling

***Email: workers.compensation@orthocarolina.com***

| | |
|---|---|
| **Patient Name:** | **Date of Birth:** |
| **Preferred Language:** | ☐ **Male** ☐ **Female** |
| **Patient Mailing Address: Street #, City, State** | **Phone #** |
| **Patient Email Address:** | **Date of Injury:** |
| **Social Security #:** | **Injured Body Part :** ☐ **Right** ☐ **Left** ☐ **Bilateral** |
| **Employer:** | **Occupation: Required** |
| **Employer Address:** | **Phone#:** |
| **Has this patient received treatment?** ***If yes, indicate where, records must be provided*** | **Has surgery occurred for this injury?** ☐ Yes ☐ No |
| **Please advise if patient has had any of the following: Check all that apply-** ***If yes, reports are required.*** **X-rays** ☐ **CT** ☐ **MRI** ☐ | |
| **Case Manager Name:** ☐ **Telephonic** ☐ **Field** | **Phone #:** |
| **Email Address:** | **Fax #:** |
| **WC Insurance Carrier:** | **WC Claim #:** |
| **Billing Address:** | **Jurisdiction:** |
| **Bill Review Company:** | **Telephone/Email Address:** |
| **Adjuster Name:** | **Email Address:** |
| **Phone #:** | **Fax #:** |
| **Specify Practitioner and/or Location:** | |

***By signing, you are providing approval for OrthoCarolina to:***

| | |
|---|---|
| **Consultation**<br>**Treatment**<br>**Labs**<br>**X-ray**<br>**EMG/NCS** *(location exceptions Hickory, Laurinburg)*<br>**CT scans-***(Hand Center / Foot and Ankle Center) SAME DAY CT SCANS- will be scheduled same day as follow up appointment* | PT \| SOLUTIONS® PHYSICAL THERAPY<br>Preferred therapy provider of OrthoCarolina<br>All Custom Splint/Braces- will be completed by PT Solutions as part of patient Post Operative Care |

## Preferred Vendor Section:

**Will Ancillary Services be approved through OrthoCarolina?** *MRI / POST SURGICAL DME*

☐ Yes ☐ No (if no please indicate preferred vendor):

## Adjuster, Nurse Case Manager, or Employer: Print and Sign name

| | |
|---|---|
| SIGN HERE | **Date:** |

*Rev 02/2025*

***OrthoCarolina - Workers' Compensation Department***
***WC Call Center: (P) 704.323.2667 (F) 704.323.2007***
***Email: workers.compensation@orthocarolina.com***