TRISTAR
RISK MANAGEMENT

Dear Medical Provider:

The Illinois Worker's Compensation and Occupational Diseases Act provides that the employer is obligated to pay all medical, hospital and surgical charges incurred in connection with an accidental injury and/or disease which arises out of and in the course of employment. This obligation is "limited, however, to that which is reasonably required to cure or relieve from the effects of the accidental injury or disease."

The Act further provides that "Every hospital, physician, surgeon or other person rendering treatment or services in accordance with the provisions of this Section shall upon written request furnish full and complete reports thereof to, and permit their records to be copied by, the employer***."

The Act also provides that "in the event the (Illinois Workers' Compensation) Commission shall find that a doctor selected by the employee is rendering improper or inadequate care, the Commission may order the employee to select another doctor certified or qualified in the medical field for which treatment is required. If the employee refuses to make such change the Commission may relieve the employer of his obligation to pay the doctor's charges from the date of refusal to the date of compliance."

In accordance with the above provisions, you are requested to complete the attached medical report. Your timely furnishing of this report will work to the benefit of the injured employee in that it will enable TRISTAR to make prompt decisions regarding the compensability of the injury and issuance of appropriate disability payments to the employee. Your detailed completion of this report is also necessary for us to process your itemized bill for payment.

Should any clarification of this report or copies of other medical records be required, we will specifically request same. Thank you in advance for your cooperation.

PO Box 2803 • Clinton, IA 52733-2803 • Fax 312-445-8690

TRISTAR
RISK MANAGEMENT

Mail To: PO Box 2803
Clinton, IA 52733-2803
Fax: 312-445-8690
ATTN: State of Illinois

INITIAL WORKERS' COMPENSATION MEDICAL REPORT Claim No. _____

The Illinois Workers' Compensation and Occupational Diseases Act provides that the employer is obligated to pay all first aid, medical and surgical services reasonably necessary to cure or relieve from the effects of occupationally-related injury or disease. Every hospital and doctor shall, upon written request, furnish complete records and permit their records to be copied by the employer and/or the employee.

Your detailed completion of this report is also necessary to enable our office to process your itemized bill for payment.

A. Employee's Name _____ Date of Report _____

Agency/Facility _____

Date of Accident _____ Date Examined _____ Height _____ Weight _____

☐ Family Doctor ☐ Specialist ☐ Chiropractor ☐ Other Number of years of Relationship _____

B. History (Description of Accident) _____

_____

History of previous injuries and illnesses _____

_____

Name(s) of other physician(s) who served on case _____

C. Diagnosis (ICD-9-CM Code(s)) _____

Describe nature and extent of injuries _____

_____

D. Treatment (Proposed or completed, surgical, dressing(s), etc.) _____

_____

Medications _____ (Given/Prescribed) _____

X-Ray Results (Attach copy of report) _____

E. Prognosis _____

_____

Estimated date or return to work with restrictions _____ Identify Restrictions _____

Estimated date of return to work without restrictions _____

F. Final Report (Complete the following if treatment is no longer being rendered to this employee by the undersigned physician)

Date patient discharged from treatment _____ Case transferred to _____

Name of Doctor _____
(please print or type)
Address _____

_____

Phone _____

DOCTOR'S SIGNATURE _____ Date _____