EK HEALTH

CASE MANAGEMENT REFERRAL MENU

Please submit form via fax at (408) 973-2508 or email: info@ekhealth.com

CARRIER:
☐ **Address Bill to** ☐ **Address Report to**
Adjuster: _____
Phone: _____
E-mail: _____
Company: _____
Address: _____

REFERRAL:
Injured Worker: _____
Phone: _____
DOB: _____
SSN: _____
Claim #: _____
WCAB Board and #: _____
DOI: _____

HEALTHCARE PROVIDER:
Treating MD: _____ **Phone:** _____ **Fax:** _____
Address: _____

MEDICAL CONDITION/INJURY: _____

ATTORNEYS:
Applicant AAL: _____ **Defense AAL:** _____
Phone: _____ **Phone:** _____
Fax: _____ **Fax:** _____
Address: _____ **Address:** _____

Services:
☐ Field Case Management ☐ Ergonomic Evaluation ☐ Job Analysis
☐ Telephonic Case Management ☐ Interpretation

Specialty Services:
☐ Chronic Pain Management Program
☐ Next Step Medical Advisory Program℠
  ☐ Poly Pharmacy / Poly Substance Abuse
☐ Life Care Planning
☐ Forensic File Review with chronology of treatment to date
☐ Forensic File Review with anticipated treatment recommendations by:
  ☐ Nurse ☐ Medical Advisory Specialist
☐ Coordinate complex medical treatment for catastrophic injury
☐ Coordinate pre-, peri- and postoperative treatment for surgery
☐ Coordinate home health services, DME requirements, home safety issues until resolved
☐ Address ongoing reporting deficiencies by the treating physician and/or other secondary providers
☐ Address multiple treaters/multiple diagnoses/multiple claims - maintain distinctions with physician reporting, treatment, and claim resolution
☐ Obtain ongoing physical restrictions and especially capabilities; coordinate with adjuster and employer
☐ Identify barriers to recovery or RTW; facilitate action plan with adjuster, provider and IW to resolve barriers
☐ Obtain permanent restrictions when appropriate to move file to settlement and end TTD.
☐ Push for P&S/MMI report to include permanent restrictions and future medical treatment
☐ Coordinate pain management referral with oversight of treatment
☐ Other (list reason): _____
☐ Task Assignment (list tasks): _____

Length of Assignment: ☐ 30 days; ☐ 60 days; ☐ 90 days