



## WORKERS' COMPENSATION CASE MANAGER/NURSE REVIEWER APPOINTMENT Appointment Authorization

The patient will be required to sign this form on the day of the visit authorizing a case manager/nurse reviewer to attend the office visit. Our charge for attending the appointment is \$100.00 We will provide a copy of the patient's discharge instructions (Workers Compensation Visit Form) following the visit.

Date of Appointment \_\_\_\_\_ (COSM Staff Initials) \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

<b>Patient Name:</b>
<b>Employer Name:</b>
<b>Claim #:</b>

- Case Manager will make payment at the time of visit (fee slip to insurance showing paid)
- Case Manager requests COSM bills the insurance carrier (fee slip to Insurance with billing info)

*(This section to be completed on the day of the patient's appointment.)*

### AUTHORIZATION FOR NURSE REVIEWER TO ATTEND PATIENT VISIT WITH PROVIDER

- I authorize** the case manager/nurse reviewer to attend the above appointment with me as it relates to the work injury for which I am currently being treated. A copy of the visit form will be given to the nurse reviewer at the time of my visit.
- I do not authorize** the case manager/nurse reviewer to attend my appointment.

\_\_\_\_\_  
Patient Signature (required)

\_\_\_\_\_  
Date

- Appointment Authorization – in Blue Guide to MA to process with records to be scanned by Medical Records
- Fee Slip to Insurance Dept – Do not send the Appointment Authorization to insurance.

