

Workers' Compensation OrthoCarolina's Hand Center Patient Policy

For continuity of patient care our Hand Surgeons have requested:

**Occupational Therapy, Physical Therapy, Custom Splints and DME
be provided at an OrthoCarolina Facility.**

*** If utilizing an outside facility, please provide the Hand Therapist's name for O.C. Hand Surgeon agreement*

Please fax completed form to 704.323.2007 or email us @ workers.compensation@orthocarolina.com

A representative from OrthoCarolina's Workers' Compensation Department will contact you to schedule the appointment. Any Physical Therapy or Occupational Therapy required after surgery needs pre-authorization.

Thank you in advance for your referral.

Today's Date: _____

Adjuster's Name (please print)

Adjuster's email address

Adjuster's Signature

Patient's Name

Date of Birth

Insurance Carrier

Insurance Carrier's Address

Insurance Carrier's Telephone

Insurance Carrier's Fax

Date of Injury

Claim Number