

## OUT-OF-STATE WORKERS' COMPENSATION LETTER OF AGREEMENT


**PLEASE READ CAREFULLY AND SIGN THE APPROPRIATE SECTIONS**

The requesting party agrees to pay North Carolina's Industrial Commission (NCIC) Fee Schedule for all billed charges net 60 days and accept the NC Industrial Commission (NCIC) Rating Guidelines.

Patient Name:	Date of Birth:
Injured Body Part:	Date of Injury:
WC Claim #:	Jurisdiction:
Employer:	Employer Phone #:
Address:	Occupation:
Case Manager Name: please circle (Telephonic/Field)	Phone#:
Email Address:	Fax #:
WC Insurance Carrier:	Phone#:
Adjuster Name:	Fax #:
Email Address:	

**By signing: The Insurance Carrier/ Adjuster are in agreement to the North Carolina's Industrial Commission (NCIC) Fee Schedule for all billed charges net 60 days / NCIC rating guidelines.**

**Carriers Signature:**

	Date:
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**OrthoCarolina - Workers' Compensation Department - 4601 Park Road - Suite 300 - Charlotte - NC - 28209**  
**WC Call Center: (P) 704.323.2667 (F) 704.323.2007**  
**Email: [workers.compensation@orthocarolina.com](mailto:workers.compensation@orthocarolina.com)**