



1265 Wayne Avenue 119 Prof Ctr, Suite 207 Indiana, PA 15701 Phone: 724.465.2676 Fax: 724.349.1830	720 West Mahoning Street Keystone Prof Ctr, Suite 200 Punxsutawney, PA 15767 Phone: 814.938.0740 Fax: 814.938.0750	22868 Rt. 68 Suite 21 Clarion, PA 16214 Phone: 814.226.6573 Fax: 814.226.4409	COSM Rehab 2128 Oakland Ave. Indiana, PA 15701 Phone: 724.349.2276 Fax: 724.349.2297
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Employer Information Form for Workers' Compensation Panels

Center for Orthopedics & Sports Medicine can be listed on employer provider panels under the terms stated in our Workers' Compensation Policy. A copy of the policy is available at www.pacosm.com. If you are interested in placing COSM on your workers' compensation panel, please complete this form and fax to: Tracey Missien @ (724) 349-1830.

Employer Name: _____

Contact Person: _____

Title: _____

Business Address: _____

Telephone: _____

Fax: _____

Email: _____

Work Comp Carrier: _____

Address: _____

Telephone: _____

Self Insured: Yes _____ No _____

Third Party Administrator: _____

Return this form by fax to:

**Tracey Missien
1265 Wayne Ave, Suite 307
Indiana, PA 15701
Phone: 724.465.2676 x244
Fax: 724.349.1830**

1265 Wayne Avenue 119 Prof Ctr, Suite 207 Indiana, PA 15701 Phone: 724.465.2676 Fax: 724.349.1830	720 West Mahoning Street Keystone Prof Ctr, Suite 200 Punxsutawney, PA 15767 Phone: 814.938.0740 Fax: 814.938.0750	22868 Rt. 68 Suite 21 Clarion, PA 16214 Phone: 814.226.6573 Fax: 814.226.4409	COSM Rehab 2128 Oakland Ave. Indiana, PA 15701 Phone: 724.349.2276 Fax: 724.349.2297
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Center for Orthopaedics & Sports Medicine

WORKERS' COMPENSATION PANEL GUIDELINES

We participate on employer workers' compensation panels under the guidelines stated in our Workers' Compensation policy. A copy of the entire policy is available on our website at www.pacosm.com under *Work Comp*. Below is a summary of the panel process:

- When contact is made to our medical office, the patient is given an appointment to see a physician extender within 24 – 48 hours if a physician is not available.
- We request the Notice of Compensation Payable be forwarded to our office within 5 business days.
- An LIBC9 Medical Report form is placed in the patient chart for the initial evaluation. This form, along with office visit notes and 1500 billing form is mailed to the insurance carrier.
- The patient is given a copy of our fee slip and workers' comp visit form which includes the providers discharge instruction, work restrictions/work status and next office visit.
- Payment is expected within 30 days of the billing date. Payment is expected at the current Pennsylvania Workers' Compensation fee schedule as outlined by the Bureau.
- Upon request, we will process one copy of the patient's workers' comp visit information to an authorized employer representative. Before we can provide information, we require patient authorization on our HIPAA compliant release form. (signature is valid for 6 months) Release forms can be obtained online at our website at www.pacosm.com or by calling (724) 465-2676.
- There is an additional charge for the completion of forms. The charge depends on the form.
- There is a charge for duplicate records requested by insurance companies/case managers.
- COSM Physicians do not complete employer specific physical capabilities or job capacity forms. Exception: Return-to-work forms requested from our rehabilitation providers following a functional capacity evaluation. Call (724) 465-2276 for more information.
- If a rehabilitation case manager desires to attend an appointment with a patient, the patient must authorize the visit. A separate fee is charged to the case manager.
- Messages can be left on our voice mail system at (724) 465-2676 Option #4.



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To avoid delays, we recommend:

- The patient should have the name, mailing address and telephone number of the employer and insurance carrier with them for their office visit so that the LIBC9 form, office notes and billing statements can be mailed on a timely basis.

Our listing should appear on workers' compensation panels (as geographically appropriate):

<u>Orthopaedics</u> Center for Orthopaedics & Sports Medicine 1265 Wayne Ave., Suite 307 119 Professional Center Indiana, PA 15701 Phone: (724) 465-2676	<u>Physical/Occupational Therapy</u> COSM Rehab 2128 Oakland Ave. Indiana, PA 15701 Phone: (724) 349-2276
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<u>Orthopaedics</u> Center for Orthopaedics & Sports Medicine 720 West Mahoning Street Keystone Professional Center, Suite 200 Punxsutawney, PA 15767 Phone: (814) 938-0740	<u>Physical/Occupational Therapy</u> COSM Rehab 720 West Mahoning Street Keystone Professional Center, Suite 100 Punxsutawney, PA 15767 Phone: (814) 938-4447
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<u>Orthopaedics</u> Center for Orthopaedics & Sports Medicine 22868 Route 68, Suite 21 Clarion, PA 16214 Phone: (814) 226-6573

*David T. Bizousky, MD
Douglas S. Fugate, MD
Craig C. McKirgan, DO
David B. Wilson, MD
Jagadeesha N. Shetty, MD
Howard P. Miller, DPM*

Note: COSM accepts reimbursement at the current PA Workers' Compensation fee schedule.

Acknowledgement/Receipt of Above Policy:

Company Representative (Print Name): _____

Signature: _____

Date: _____

We look forward to serving you. If you have questions, contact us at (724)465-2676. For more information about services and locations, visit www.pacosm.com. Upon completion, fax this form to: Tracey Missien at (724) 349-1830.