

# California Injured Worker Intake Form

\* Indicates required for compliant workers' compensation medical billing

## Injured Worker Demographics

Last Name:*	First Name:*	Middle Initial:
Date of Birth:*	SSN:*	Gender:* <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U
Address:*		City:*
State:*	Zip:*	Telephone:

## Claims Administrator Information

Claims Administrator Name:*		
Adjustor Name:	Telephone:	Fax:
Email:		

## Injury Claim Information

Claim Number:*	Injury Start Date:*
Injury Description:	Claim Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Disputed <input type="checkbox"/> Denied <input type="checkbox"/> Other

## Request for Authorization Information

RFA Fax Number:*
------------------

## Employer MPN Information

Employer Name:*	
MPN Name:	MPN ID Number:
MPN Provider Roster Website:	MPN Provider Roster Password:

## Billing Information (Not required for daisyBill clients)

Electronic Bills <input type="checkbox"/> Not Accepted	Clearinghouse: <input type="checkbox"/> Data Dimensions <input type="checkbox"/> CorVel <input type="checkbox"/> Jopari <input type="checkbox"/> Availity <input type="checkbox"/> P2P <input type="checkbox"/> Other
	Payer ID:
Bill Mail Address	



# California Injured Worker Authorization Information

\* Indicates required information to dispute authorization payment denials.

## Primary Treating Physician Authorization

If the provider is the injured worker's PTP, a document from the claims administrator's adjuster confirming the provider's PTP status is required. Without this document, the claims administrator may deny reimbursement for bills, citing the provider as out-of-network, or deny reimbursement for PR-2 reports, citing the provider as not the PTP.

Is the provider being designated as Primary Treating Physician (PTP)?* <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, proceed to Referral Appointment (Non-PTP) Authorization
Authorized PTP Name:
Authorized PTP Place of Service address:
PTP Document Receipt?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For billing purposes, upload the document received designating the provider as PTP to the Claim Injury documents in daisyBill</i>

## Referral Appointment (Non-PTP) Authorization

If the injured worker is referred to a provider for secondary or incidental treatment or services, a document from the claims administrator's adjuster confirming that the provider is authorized to furnish such treatment or services is required. Without this authorization document, the claims administrator may deny reimbursement for bills, citing that the provider is out-of-network.

Referral Appointment (Non-PTP)?* <input type="checkbox"/> Yes
Referral Authorization Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Lists Provider Name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Lists Provider Place of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For billing purposes, upload the document received authorizing Referral appointment to Claim Injury documents in daisyBill</i>
Authorized Provider Name:
Authorized Provider Place of Service (POS) Address:

## Additional Notes

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

