

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
REHABILITATION TRANSMITTAL FORM**

Board Use Only	
Reviewer	
Date	Status

_____ County of Injury

SECTION I. IDENTIFYING INFORMATION

1. _____ Employee Name	2. _____ Social Security Number	3. _____ Date of Injury
4. _____ Occupation	5. No <input type="checkbox"/> Yes <input type="checkbox"/> Catastrophic Injury	6. _____ Date of Birth
7. _____ Diagnosis & Functional Restrictions	8. _____ Date Last Plan Submitted	

SECTION II. REASON FOR REPORT

- | | |
|--|---|
| () As Directed by the Board | () Requesting a Rehabilitation Conference (Attach letter giving specific reasons why a conference is needed) |
| () 90-Day Report for Catastrophic Case | () Preparing for a Rehabilitation conference (Attach Rehabilitation Progress Reports and Medical Reports) |
| () Non-Catastrophic Medical Care Report | |
| () Other: _____ | |

SECTION III. ATTACHMENTS (YOU MUST ATTACH ALL APPROPRIATE DOCUMENTS NOT PREVIOUSLY SUBMITTED)

- | | |
|--|----------------------------------|
| () Initial Rehabilitation Report | () Labor Market Survey |
| () Rehabilitation Progress Reports | () Job Analysis |
| () Medical/Therapy Reports | () Release to Return to Work |
| () Physical Capacity Evaluation Reports | () Training Progress Reports |
| () Psychological Evaluation Reports | () Transferable Skills Analysis |
| () Vocational Evaluation Reports | () Letter Requesting Conference |
| () Other: _____ | |

SECTION IV. SUMMARY (PLEASE PROVIDE A CONCISE STATEMENT OF ACTIVITY, PROGRESS AND RECOMMENDATIONS)

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

SECTION V. CERTIFICATE OF SERVICE (THIS SECTION MUST BE COMPLETED BY THE PRINCIPAL SUPPLIER)

I CERTIFY THAT I HAVE MAILED COPIES TO THE FOLLOWING PARTIES ON _____ AT THE CURRENT
ADDRESSES BELOW. DATE

Employee Address _____ Telephone () _____

Employer Address _____ Telephone () _____

Insurance Adjuster Address _____ Telephone () _____

Employee's Attorney Address _____ Telephone () _____

Employer's Attorney Address _____ Telephone () _____

Subsequent Injury Trust Fund Address _____ Telephone () _____

SIGNATURE _____ Registration No. _____
Rehabilitation Supplier _____ Telephone _____
Address _____

Is this case applicable for Kid's Chance scholarships? Yes No
If yes, submit application to Kid's Chance, Inc.

SECTION V. APPROVAL/OBJECTIONS, TWENTY (20) DAY NOTICE

ABSENT WRITTEN OBJECTIONS WITHIN 20 DAYS OF THE DATE MAILED, THE REHABILITATION REQUEST IS APPROVED EFFECTIVE THE DATE OF THE CERTIFICATE OF SERVICE. NO FURTHER CORRESPONDENCE WILL BE ISSUED BY THE BOARD.
IF THERE IS AN OBJECTION:

- (1) THE OBJECTION MUST BE IN WRITING.
- (2) IT MUST BE RECEIVED BY THE GEORGIA STATE BOARD OF WORKERS' COMPENSATION WITHIN 20 DAYS OF THE DATE OF THE CERTIFICATE OF SERVICE.
- (3) A CERTIFICATE OF SERVICE MUST BE COMPLETED STATING THAT COPIES OF THE WRITTEN OBJECTIONS WERE PLACED IN THE MAIL TO ALL PARTIES AND THE PRINCIPAL REHABILITATION SUPPLIER THE SAME DATE AS THE CERTIFICATE OF SERVICE

ANY OBJECTIONS RECEIVED BY THE BOARD WILL BE PROCESSED IN ACCORDANCE WITH O.C.G.A. §9-11-6 (e).

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