

## WC Authorization | Physician's Report | Pharmacy Guide

MAILING ADDRESS: P.O. Box 77479, Charlotte, NC 28271 866-441-4152 www.corvel.com

**EMPLOYER:** Please complete the top section and give to the injured employee to take with them to their authorized treating physician. If you already have transitional duty job descriptions available, please attach a copy for the treating physician's review.

Name of Employee: Last:	First:
Date of Injury:	
Name of Employer: Haywood County Schools	
Employer Signature:	Treating Physician:

**EMPLOYEE:** Please take this form with you to an authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

## AUTHORIZED PHYSICIAN, PLEASE COMPLETE

Diagnosis:

A post accident drug test (check one) () has been completed

() has not been completed

In accordance with this patient's physical capability, check all that apply:

- () May resume work immediately, no restriction.
- () May resume work immediately with the following restrictions:
  - () Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - () Light work (lifting less than 20 pounds)
  - () Medium work (lifting less than 50 pounds)
  - () Heavy work (lifting less than 100 pounds)
  - () Normal shift
  - ( ) Limited hours: \_\_\_\_hrs, \_\_\_hrs, \_\_\_hrs per day
  - ( ) Other: \_\_\_\_\_

() Repetitive Motion Restrictions (specific to hand/arm injuries):

Frequency	Left	Right
No Use		
Occasional <33% of time		
Frequent 34-66% of time		
Regular 67-100% of time		

- ( ) Patient may return to work at full duty on (date)
- ( ) Patient has a return appointment on (date) \_\_\_\_\_\_at (time) \_\_\_\_\_

Please indicate any referrals that are required:

Physician's Signature

Date

Physician's Name (type or print)

## Physician Offices - Be sure to contact CorVel's Claim Department at 866-441-4152 for authorization for the referral.

<u>PHARMACIST:</u> Please use the Injured Worker's SSN and Date of Injury (SSN+MMDDYYYY) as their 17 digit Identification Number when entering information to process an online claim to CorVel on behalf of Department of Public Instruction injured employees. Pharmacies can contact the CorVel Customer Service at 800-563-8438 or CVS/Caremark Pharmacy Help Desk at 877-876-7216, for assistance with claims processing. DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION.

CHAIN NAME	CHAIN NAME	CHAIN NAME	CHAIN NAME	Group Number RXFFWC394
Bi-Lo Pharmacy	Horizon Pharmacy	Revco drugs	VIX Pharmacy	CCRx BIN: 004336 PCN: ADV Haywood Rev.5/10
Bi-Mart	HyVee Drugtown	Rite-Aid drugs	Walgreen's	
Brooks Drugs	J & J Pharmacy	RX Discount Pharmacy	Wal-Mart Pharmacy	
Brookshire Brothers	Joel & Jerry's	Sack-n-Save	Wegman Pharmacy	
Cub Pharmacy	Kash N Karry	Sav-A-Lot	Winn-Dixie	
CVS Drugs	Kerr Drugs	Sams Club Pharmacy		
Drug Emporium	K-mart phcy	Save Mart		* All participating pharmacies have not been included on this list. Please have your pharmacy call regarding any questions/
Eckerds(all others)	Long's Phcy	Stop N Shop		
Franck's Pharmacy	Medicine Shoppe	Super D		
Fred Meyer	Medistat Phcy	Super Valu		
Fred's Pharmacy	Milner-Rushing Drugs	Super X (HSI)		
Giant Pharmacy	Pathmark Pharmacy	Tom Thumb Phcy		
Goodings	Perry Drg Str	Tops Pharmacy		authorizations 800-563-8438.
Hannaford Food &	Phar-Mor	Tri Daly Drugs		