

PHYSICIAN APPOINTMENT WC PH: 805-302-6988 FAX: 805-383-0748 srsmedicalresources@gmail.com

IS THIS CLAIM:

ACCEPTED DENIED PENDING/DELAY

DOES THIS APPOINTMENT HAVE TO BE ON THE MPN: YES ____ NO____

Please Include 1. Application & Demographics 2. DWC-1Form 3. 4600 Letter

DATE: Law Control	PHONE:		EMAIL/FAX:	
Adjustor:				
Need PTP? Yes/No type		existing PTP		
Areas of potential investigation/iss	sues of concern:		_	
ORTHO	CHIRO		PSYCH	
NEURO				
Other		Home Health Care		
Injured body parts:		Date of	injury	
CLIENT NAME:	PHONE:			
INS E	Employer	N	/IPN	
Client address			DOB	
~~~~~~~~~				
	Carrier/Claims Examiner he injured worker. If a	dditional information is no	N tial investigation/issues of concern and w eeded: contact SRS Medical Resources of	
ATTENTION	DO	CTOR		
APPOINTMENT DATE/TIM				
ADDRESS				
SEND PAPERWORK TO:				
<u>THANK YOU FOR YOUR PROM</u>	<u>IPT RESPONSE!</u>			
#pages		Sent to Atty/C	arrier date/time	
Sent to Doctor date/time Received by:			Received by:	
Disclaimer: The filling out of this form, or any other form, or receipt of thi Medical Resources service. We are not compensated on a cas	s form in no way creates any attorney-clie e-by-case basis, but are paid by provide	ent, or other representative arrangement betweens on our list. Physician(s) or providers are s	een the persons filling the form out/receiving the form and with us, SRS elected on each case based on specialty needed, MPN, and geographic	
location. The persons who contact SRS for making the appoint	tment shall never be responsible for payr	nent of such services to SRS Medical Resour	elected of each case based on spectary needed, which and geographic cess. SRS Medical Resources is not employed nor owned by any claims the purposes of marketing. This retention is not paid on a case- by-case ange their physician at any time, and are not required to stay with the swill not provide legal or medical advice.	

PLEASE SEND A 4600 LETTER IMMEDIATELY TO INSURE THE APPT WILL NOT BE CANCELED