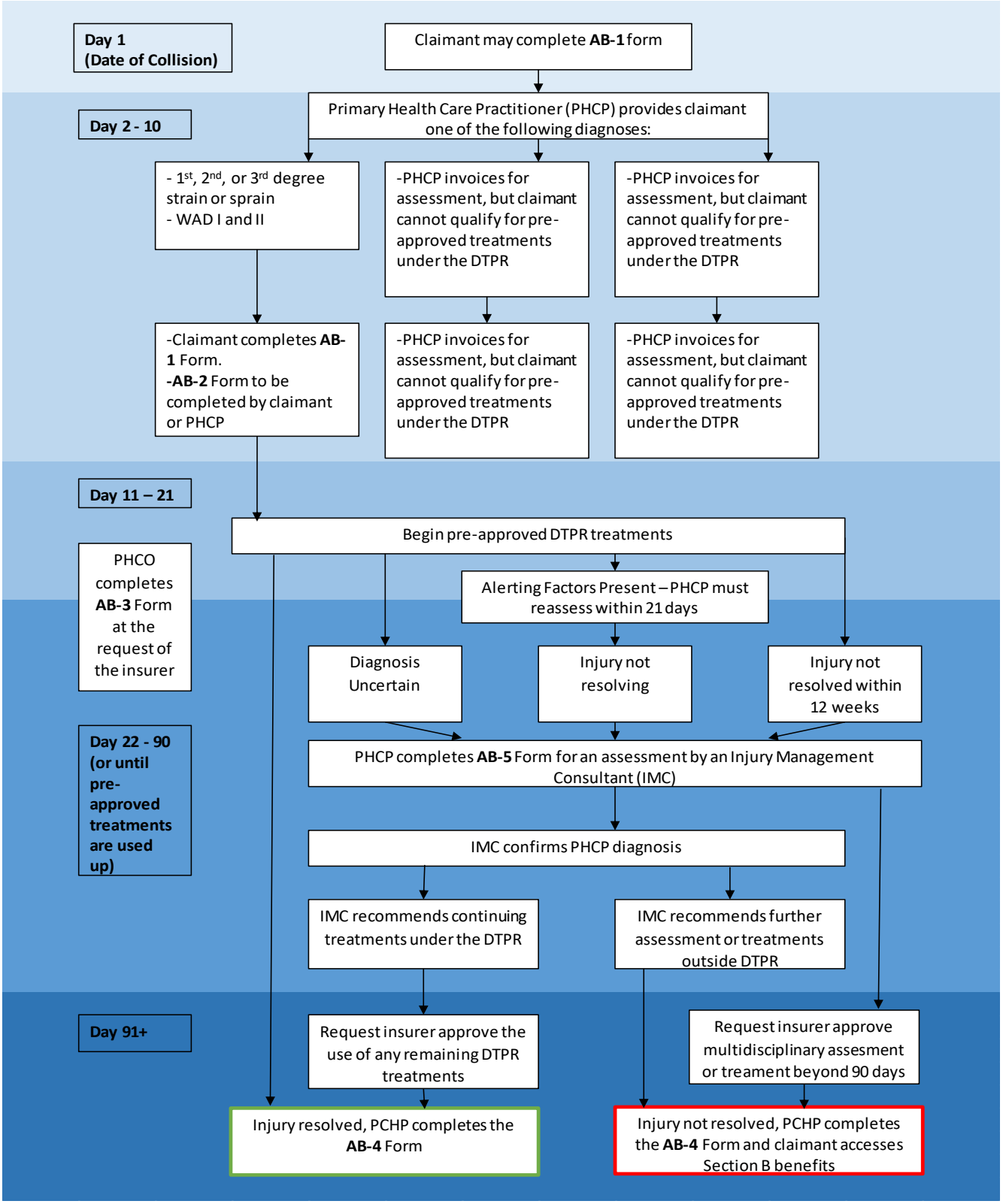
Day 1
(Date of Collision)
Claimant may complete AB-1 form
Day 2 - 10
Primary Health Care Practitioner (PHCP) provides claimant one of the following diagnoses:
- 1st, 2nd, or 3rd degree strain or sprain
- WAD I and II
-PHCP invoices for assessment, but claimant cannot qualify for pre-approved treatments under the DTPR
-PHCP invoices for assessment, but claimant cannot qualify for pre-approved treatments under the DTPR
-Claimant completes AB-1 Form.
-AB-2 Form to be completed by claimant or PHCP
-PHCP invoices for assessment, but claimant cannot qualify for pre-approved treatments under the DTPR
-PHCP invoices for assessment, but claimant cannot qualify for pre-approved treatments under the DTPR
Day 11 – 21
Begin pre-approved DTPR treatments
PHCO completes AB-3 Form at the request of the insurer
Alerting Factors Present – PHCP must reassess within 21 days
Diagnosis Uncertain
Injury not resolving
Injury not resolved within 12 weeks
Day 22 - 90 (or until pre-approved treatments are used up)
PHCP completes AB-5 Form for an assessment by an Injury Management Consultant (IMC)
IMC confirms PHCP diagnosis
IMC recommends continuing treatments under the DTPR
IMC recommends further assessment or treatments outside DTPR
Day 91+
Request insurer approve the use of any remaining DTPR treatments
Request insurer approve multidisciplinary assesment or treament beyond 90 days
Injury resolved, PCHP completes the AB-4 Form
Injury not resolved, PCHP completes the AB-4 Form and claimant accesses Section B benefits