



## Encounter Form Instructions

The encounter form is an efficient method of communication between the medical provider and OMCA's case managers. By completing this form at each office visit and faxing it to OMCA within 24 hours, our staff has all the necessary and pertinent information on the injured worker's treatment to share with the insurance adjuster and the employer. Receipt of this form by our office eliminates the need for phone calls and faxed inquiries to your office.

Please complete the encounter form as follows:

- ✓ **Assessment** - This area should indicate the patient's status - improvement, setbacks, status quo.
- ✓ **Treatment** - This area should indicate any changes in treatment plan or tests to be ordered.
- ✓ **Work status** - Injured workers receive disability benefits based on work status at each office visit. To insure there is no interruption in benefits for the patient, a work status is needed at each office visit.
- ✓ **Restrictions** - Please indicate restrictions, if any, at each office visit. In most cases, the employers will accommodate light duty restrictions.
- ✓ **Next office appointment** - This date is necessary for the case manager and adjuster to schedule benefits for the injured worker.
- ✓ **Referrals** - All referrals must be within the appropriate network.

Remember, complete this form at EACH office visit and return it to our office by fax (502-495-5048 or 800-592-2945).