



Letter of Introduction to the Physician

Date: _____

Name of Provider: _____

Street Address or P.O. Box: _____

City, State Zip: _____

Dear Provider:

_____, an employee of, _____, has reported a possible work related injury or illness. We have filed a workers compensation claim with our carrier, Key Risk. Any authorization for treatment or referrals for additional treatment must be directed to Key Risk's claim call center at **866.847.8872**.

Key Risk will be responsible for making all compensability decisions regarding this workers compensation claim. If the claim is compensable, all medical bills will be paid directly by Key Risk under our workers compensation policy. Therefore, please forward all medical bills and medical reports (**note: bills cannot be processed without the appropriate supporting medical reports**) directly to:

**Key Risk
P.O. Box 8000
Daphne, AL 36526-8000**

The injured employee understands that if the claim is found not to be a compensable claim, he or she will be responsible for all bills related to your treatment.

We appreciate your cooperation and assistance. If you have any questions, please contact Key Risk's client service call center at **866.847.8872**.

(Employer)

(Date)

EMPLOYER: Please complete the top section and give to the injured employee to take to his or her 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/Patient: **Last:** _____ **First:** _____

Date of Injury: _____

Name of Employer / Company: _____

Employer Signature: _____ Name of Doctor Chosen: _____

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 **has** been completed or **has not** been completed (check one)

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

- May resume work immediately with no restrictions
- 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 per day: 2 hours; 4 hours; 6 hours
 - Other: _____

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

Frequency	Left	Right	Both
No Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional <33% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent 34-66% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular 67-100% of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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)

Facility Name

Facility Phone Number

Contact Key Risk's Claim Department at 866.847.8872 for authorization for the referral.

PHARMACIST: Process all prescriptions through *Optum* for this patient. Contact *Optum* at (866) 599-5426 to establish eligibility.

DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION

Walgreens	Leader Drug Stores	King Soopers	Food Lion	Pamida Pharmacy	Medicine Chest Pharmacies
CVS	K-Mart	Medicap Pharmacies	Dillon Pharmacies	Wegmans	Ross Park Pharmacy
Rite Aid	Ahold	Fred's Pharmacy	Life Check	Kinney Drugs	Northeast Pharmacy Services
Wal-Mart	The Medicine Shoppe	Brookshire's	United Supermarkets	Bioscrip	Brookshire Brothers Food & Pharmacy
Giant Eagle Pharmacies	Family Care	Albertsons/Sav-On	Smith's Pharmacy	Spartan Stores	
Kroger	Long's Drug Stores	Raley's	The Vons Companies	U Save Pharmacy	
Meijer	Bashas	Hannaford Brothers	Sav-Mor Drug Stores	Randall's Food & Drug	
Costco	Harris Teeter	Hy-Vee	Pavilion Plaza Pharmacy	Foodarama Supermarkets	
Publix Super Markets	Kerr Drug	Ingles Markets	Kash N' Karry	Unity Pharmacies	
Albertsons	Winn-Dixie Stores	Aurora Pharmacy	Supervalu	City Market	
Farm Fresh	Major Value	True Care	Perlmart	Thrifty White	
Access Health	RxPride	Save Mart Supermarkets	JH Harvey	Super D Drugs	Tom Thumb Randall's Food & Drug
Target	Safeway Pharmacies	Shopko Stores	Bi-Lo Pharmacy	K-VAT-T Food Stores	Pharmacy Express



Please call 866.599.5426 for additional participating pharmacies.