



New Jersey Schools Insurance Group
6000 Midlantic Drive, Suite 300 North
Mount Laurel, New Jersey 08054
www.njsig.org

Duty Determination Information Form (DDI)

PLEASE FAX WITHIN 24 HOURS OF PATIENT VISIT

(609) 386-2011 or via Email medonly@njsig.org

To be completed by the employer:

Employee: _____ BOE: _____

Claim Number: _____ Date of Injury: _____

*Claim number: Year of injury + WC + Last 4 digits of injured worker's social security number.
(For example: 2024WC1234)

Body Part(s) Authorized for Treatment: _____

To be completed by the doctor:

Date of Visit: _____ No Show

Diagnosis: _____

Recommended Treatment:

___ None ___ MRI ___ EMG ___ CT ___ Labs ___ Surgery

___ P.T. / O.T | Days per week ___ | # weeks ___

___ Referral to Specialist | Type of Specialist: _____ | Medication: _____

All the patient's complaints are work related: ___ Yes | ___ No

**** No prescription medication is to be dispensed in the office**

Work Status:

___ Patient is able to resume regular work duties.

___ Patient is able to return to work with the following restrictions:

___ Sedentary (sitting only)

___ Modified Duty | Standing duration per hour: ___ Walk duration per hour: ___ Lift up to ___ lbs.

___ No use of the RIGHT or LEFT (CIRCLE ONE) _____ extremity

___ Patient is unable work at the present time.

Next Office Visit: _____ MMI/Discharge Date: _____ Estimated MMI: _____

Physicians Signature: _____ Date: _____ Time: _____

Physicians Address: _____

Physicians Phone Number: _____

SEND ALL MEDICAL BILLS TO QUALCARE INC. BOX 309 PISCATAWAY, NJ 08855

To help make both of our offices run more efficiently, below are a few guidelines to follow:

- Information needed after each visit: diagnosis, treatment, work status, next office visit, or if the claimant has been discharged.
- Work Status: DO NOT PLACE CLAIMANT OUT OF WORK BASED ON JOB. The doctor is to address what the claimant can and cannot do. It is up to each Board of Education to determine whether restrictions can be accommodated. Some districts will provide another duty to keep the claimant working.
- Please fax the DDI within **24 hours of office visit**. We will then fax another DDI giving authorization for the next visit once received.
- If the claimant is out of work, please schedule a follow up with the doctor within one week.
- If the claimant is working either full duty or restricted duty, follow up must be within 2-3 weeks.
- Claimants cannot cancel and reschedule appointments without notifying NJSIG. We cannot manage care if we do not know when claimants are being seen.
- If claimant 'No Shows' to an appointment, **please notify NJSIG. Follow ups are not authorized without written consent by the adjuster.**
- **ALL PHYSICAL THERAPY AND TESTING NEEDS ARE TO BE AUTHORIZED AND SCHEDULED BY OUR ADJUSTERS. PLEASE FAX A COPY OF RX AND WE WILL SCHEDULE.**
- **DO NOT WRITE 'PRN' OR 'AS NEEDED' FOR FOLLOW UP VISITS.**
- **CLAIMANT'S CAN NOT SCHEDULE APPOINTMENTS AFTER BEING DISCHARGED.**

By following these guidelines, we are hoping to cut down on the calls made by both offices to obtain the above information.

Thank you for your cooperation.