Kentucky Workers' Compensation Managed Care Organization Treatment Plan
Occupational Managed Care Alliance (OMCA)
Attention Medical Provider:

Please fax completed for to Warren County Board of Ed @ 270.840.0134 Attn: Sherry Stratton Bills will need to be forwarded to KEMI, PO Box 4208, Clinton, IA 52733; phone: 859.425.7800

Patient Information	Employer Information	Medical Provider Information
Name:	Warren County Board of Ed	Name:
Address:	303 Lovers Lane	Address:
	Bowling Green, KY 42103	
Phone:	Phone: 270.781.5150	Phone:
DOB:		Visit Date:
Date of Injury:		

This section to be completed by treating physician:

Assessment:
Diagnosis/ICD9 Code:
Treatment Rendered: X-Rays: Meds (Prescription): Meds (Non-Prescription):
Treatment Plan: Scheduled Appointment/Referral:

Return to Work Disposition:
___Full Duty, without restrictions ___Immediate ____On _____/_____/_____
___Restricted Duty ___Immediate ____On _____/_____/_____
Restrictions: _____
_____
_____No work until _____/_____/_____

Physician's Signature: _____ Date: _____

Please return this form to Sherry Stratton via fax at 270.840-0134.

This section to be completed by the patient:

I hereby authorize the above treating physician to disclose any information regarding this incident to KEMI and release the physician from any liability arising from such disclosure.
Patient's Signature: _____ Date: _____