



Workman's Compensation MUST HAVES:

- Name of Insurance
- Address
- Phone Number
- Name of Adjuster
- Fax & Phone Number of Adjuster
- Fax and Phone Number for Utilization Review
- Claim Number
- DOI (Date of Injury)

In Meditech sequence name of related person must indicate employment information:

- Company Name
- Address
- Phone Number

Workman's Compensation must have EACH AND EVERY visit approved by Utilization Review