

Dear Patient,

Based on review of your medical records, I have agreed to see you for consultation and possible treatment under your Worker's Compensation claim.

In all Workers' Compensation claims, if treatment is undertaken, I act on the basis of a consulting physician and not as the primary physician. *During the course of your treatment with us **it will be necessary for you to maintain regular appointments, at least every 6 weeks, with your primary provider*** so that they remain aware of your condition and progress and are able to communicate effectively with our office and your Worker's Compensation insurance carrier and employer.

Upon completion of orthopaedic treatment or when your condition becomes permanent and stationary, you will be returned to the original referring physician/facility for this Worker's Compensation claim for any final disability evaluation or coordination thereof or for any necessary chronic treatment. Alternatively, arrangements can be made via the insurance carrier for such evaluation or ongoing treatment needs.

Your signature represents you have received and understand this notification as set forth.

Sincerely,

Nicholas Komaz, MD

Charles Wilhite, MD

Patient Signature

Print Name

CC: Workers Compensation Carrier

CC: Referring Primary Treating Physician

CLM# _____

Date

Date