

New Form will reduce paperwork for doctors who treat injured workers.

The Insurer Activity Prescription Form goes into effect on 11/1/07

The Insurer Activity Prescription Form (APF) is designed to reduce paperwork for health-care providers by replacing multiple forms with one form. The APF integrates medical information on workers' conditions, restrictions, and prognoses. The goal is to improve communication between health-care providers, employers, insurers, and workers to aid in return to work.

Health-care providers can be paid for submitting the APF to communicate:

- Work status,
- Work-related physical restrictions,
- Verification of time-loss, if appropriate, and
- Treatment plans.

The APF will replace two Self-Insured forms and four State Fund forms.

Self-Insured

1. Supplemental Medical Report
2. Employer Requested Physician's Estimate of Physical Capacities

State Fund

1. Time-Loss Notification (TLN)
2. Supplemental Medical Report (SMR)
3. Physicians Final Report (PFR)
4. Doctor's Estimate of Physical Capacities (DEPC) and Physical Capacities Evaluation (PCE)

For full information, see:

--Provider Bulletin 07-08 Insurer Activity Prescription Form
at: <http://www.lni.wa.gov/ClaimsIns/Files/Providers/ProvBulletins/PbFiles/PB0708.pdf> and/or

--The APF website at: activityRX.Lni.wa.gov or
<http://www.lni.wa.gov/ClaimsIns/Providers/Manage/RTW/ActivityRx/default.asp>

For Questions Please Contact:

Joanne McDaniel, MA, OTR/L, CRC, CCM
Provider Education Manager
mdan235@Lni.wa.gov