

State of Rhode Island
REQUEST FOR ADDITIONAL PALLIATIVE CARE

PLEASE CHECK IF CORRECTION OF PRIOR REPORT

Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8006

DWC No. _____

Insurer File No. _____

Medical Provider complete 1-7

You must send this request to the claim administrator at least ten (10) working days prior to the delivery of services, with a copy to the employee.

1. EMPLOYEE: SSN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Date of Birth _____	2. EMPLOYER: FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____
3. CLAIM ADMINISTRATOR: (Party managing the claim ex: Insurer) FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____	4. MEDICAL PROVIDER: FEIN _____ Name _____ Address _____ City, State, Zip _____ Phone _____ Ext. _____
5. INJURY INFORMATION: Injury date: _____ Date maximum medical improvement (MMI) reached: _____	
6. DATE INFORMATION: Date of this request: _____ Date delivery of service is planned: _____	
7. TREATMENT PLAN INFORMATION: (If necessary, attach additional pages) Treatment Plan: _____ _____ _____ Measures to Evaluate Objectives: _____ _____ Timetable and Projected End Date: _____ _____ Estimated Total Cost of Services: _____ Medical Provider Signature: _____ Date: _____	

Claim Administrator Complete:

8. Request for Additional Palliative Care has been: <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied
9. Treatment plan has been modified or denied for the following reason(s): _____ _____ _____

Print Adjuster Name: _____ Date: _____

A copy of this completed form shall be forwarded by the claim administrator to the RI Department of Labor and Training, Division of Workers' Compensation, and the employee and his or her attorney within ten (10) working days of the request for additional palliative care. Either party has a right to a review of any decision regarding additional palliative care by the Workers' Compensation Court, pursuant to RIGL §28-35-11.

DWC-40 (04/05)