

Occupational Managed Care Alliance, Inc.

Form 113 Gatekeeper Form

EMPLOYEE		
Name		
Address		
City	State	Zip
Phone	Social Security #	Date of Birth
EMPLOYER AT TIME OF INJURY		
Name		
Address		
City	State	Zip
INJURY OR OCCUPATIONAL DISEASE		
Nature		Date Occurred
INQUIRIES/BILLINGS		
Representative		
Medical Payment Obligor	KEMI	
Address PO Box 4208		
City Clinton	State IA	Zip 52733-4208
Phone		
() Check here if no further treatment is anticipated at this time		
FIRST DESIGNATED PHYSICIAN		
Name		
Address		
City	State	Zip
Phone		

MEDICAL INFORMATION RELEASE: I hereby waive any privilege I may have to restrict the release of information or written material reasonably related to the work - related injury/disease for which I have sought treatment, and consent to the release of this information or written material to the medical payment obligor, my employer, Special Fund, Uninsured Employers' Fund, or attorneys representing me or any of the parties named above.

Employee Signature	Date

This form (Form 113) identifies the designated physician and must be returned to the medical payment obligor within ten (10) days after treatment begins.

Notice: The Workers' Compensation Act requires the employer to pay for the medical services reasonably necessary for cure and relief from the effects of a workplace injury or disease.

The employee may choose the physician (including chiropractors, etc.) who treats him as "designated physician." The designated physician is responsible for the coordination of the employee's medical care and may refer the patient to consulting or treating physicians as required. Except in an emergency, all treatment must be performed by or on referral from the designated physician. The employee may not change his designated physician more than once without the medical payment obligor's consent.

Inquires shall be made to the listed representative of the medical payment obligor.

This form is not advance authorization from the workers' compensation medical payment obligor for medical services.