

JOHNS EASTERN COMPANY, INC. Third Party Administrators
MEDICAL MANAGEMENT DEPARTMENT P.O.BOX 110279, Lakewood Ranch, FL
34211 Telephone (941) 907-3100 TOLL FREE: 1-800-749-3044 FAX: 1-941-527-4040

_____ COUNTY SCHOOL BOARD
Panhandle Area Educational Consortium (PAEC)
REFERRAL FOR MEDICAL SERVICES FORM
This is a temporary workers compensation program I.D. Form.
This form is not a guarantee of eligibility for workers compensation benefits.

SECTION I – To be completed by EMPLOYER

EMPLOYER NAME: _____

EMPLOYEE NAME: _____

DATE OF INJURY: _____ PLACE OF INJURY: _____

STATE BODY PART INJURED: _____ ISSUED BY: _____

IMPORTANT INFORMATION FOR HOSPITALS AND PHYSICIANS

Johns Easter Company's Medical Management Department has been engaged by PAEC to administer their Medical Management Arrangement under Florida Statute 440.

You are presently treating the above employee for an injury alleged to have occurred during his/her employment with the aforementioned employer. We call to your attention that "light duty" will be available in conjunction with ON-THE-JOB injuries.

YOU MUST CALL Johns Eastern Company at (800) 749-3044 prior to any treatment/admission other than an emergency situation. In an emergency, you must call within 24-hours of treatment.

SEND BILLS TO: **JOHN EASTERN COMPANY**
 P.O.BOX 110279
 LAKEWOOD RANCH, FL 34211-0004

SECTION II – To be completed by HEALTH CARE PROVIDER

NAME OF INJURED EMPLOYEE: _____

DATE OF TREATMENT: _____ DATE OF APPOINTMENT FOR FURTHER TREATMENT: _____

DIAGNOSIS: _____

REMARKS BY M.D.: _____

MAY RETURN TO WORK DATE: _____ REGULAR _____ RESTRICTIONS _____

RESTRICTIONS: _____

NAME OF TREATING PHYSICIAN: _____

(Please Print Full Name)

SIGNATURE OF TREATING PHYSICIAN: _____

PLEASE COPY TO:

1. Johns Eastern Co., Inc.
2. Employer Copy
3. Medical Provider Copy
4. PAEC