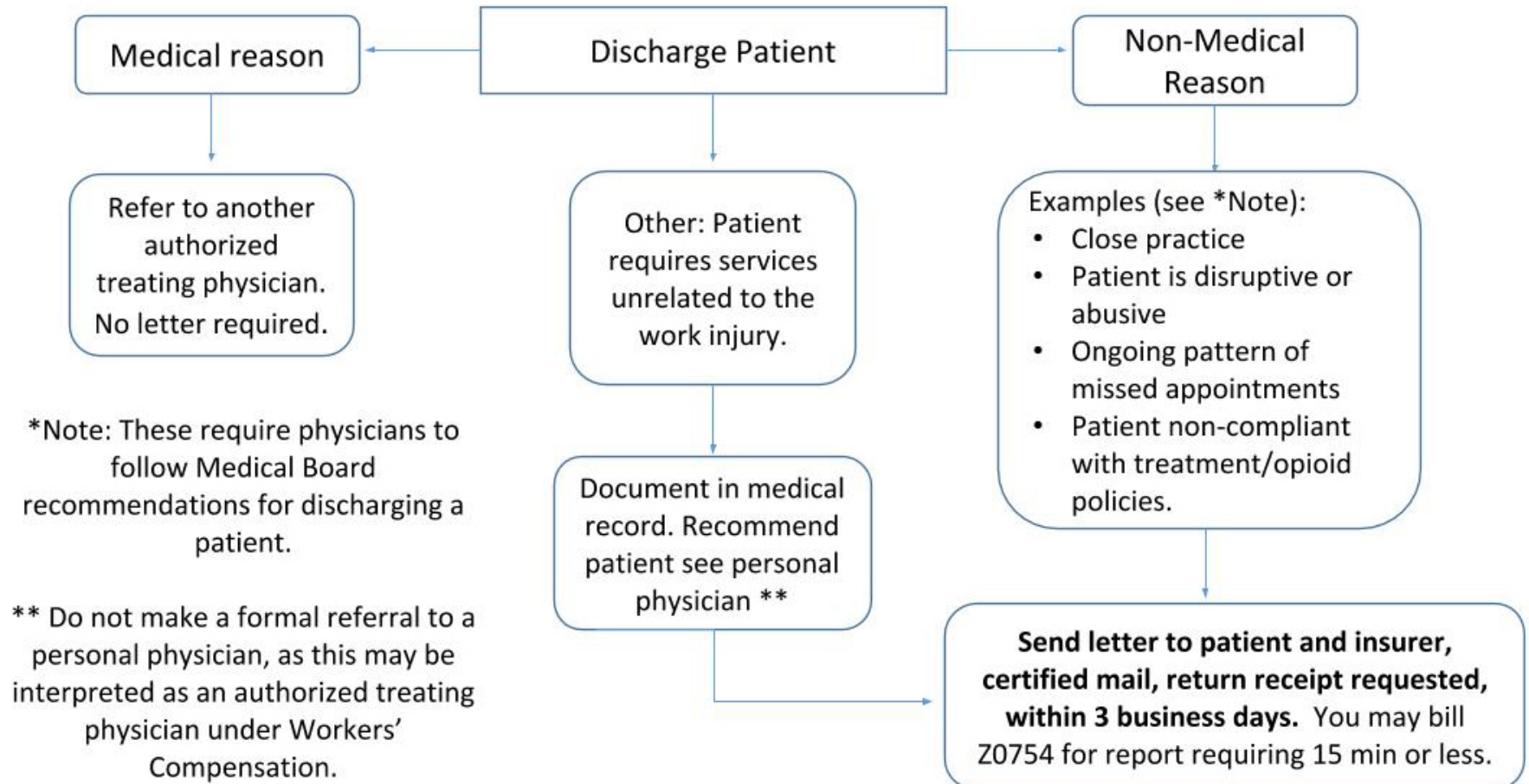


Desk Aid 15

Informal guidance on the process established in C.R.S. §8-43-404(10)(a)(2014) regarding discharging a workers' compensation patient for non-medical reasons.



Sample Letter

[PHYSICIAN OFFICE LETTERHEAD]

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

[Name of Injured Employee/Insurer/Self-Insured Employer] [Address,
Line 1]
[Address, Line 2]

Re: [Name, Claim Number, etc.]

Dear [Injured Employee/Insurer/Self-Insured Employer]:

This is a notification pursuant to §8-43-404(10)(a), C.R.S., that the undersigned authorized physician declines to treat or discharges the injured employee, [Insert Name], from medical care even though [Mr. or Ms. Name] may require continued medical treatment to cure and relieve the effects of the work injury. The reason(s) for this action is/are:

- Injured employee requests treatment for a condition that is unrelated to the work injury: [insert brief description of the injured employee's complaints]
- Injured employee missed appointments on: [insert dates of missed appointments]
- Injured employee has not complied with the treatment: [insert details of non-compliance]
- Injured employee is non-compliant with a drug/alcohol screen: [insert date and type of drug screen, what drug, etc.]
- Injured employee has been abusive to the physician, staff or other patients: [insert explanation]
- Authorized physician has moved or closed the practice; no referral is provided.
- Other: [insert explanation]

Pursuant to §8-43-404(10)(a), C.R.S., the undersigned authorized physician will transfer the injured employee's medical records to any new authorized physician upon receipt of a signed authorization to do so from the injured employee.

Please contact [insert physician name or another person at physician's office] if you have any questions.
Thank you for your attention to this matter.

Sincerely,

[Authorized Physician]

cc: [as needed]