

**Post Pension Medical Treatment Review Coversheet**

Claim Number: \_\_\_\_\_ Worker's Name: \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

**Post Pension Medical Treatment**

This is: (pick one option)

- A **new** request for a post pension treatment order
- A request for **modification** of a prior post pension treatment order

**Medical**

- All conditions that are in need of post pension treatment are listed below:

| Condition<br>(Must have been a condition<br>previously accepted under claim) | Is treatment<br>needed to<br>protect the<br>worker's life? | Ongoing specific medical<br>monitoring/treatment/prescriptions<br>and their frequency |
|------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |
|                                                                              |                                                            |                                                                                       |

**Medical Documentation**

- I have attached medical documentation of the treatment needs for the conditions listed above.

Please note that incomplete or missing information can significantly delay the decision-making process and may result in us closing out this request and the need for a new complete coversheet to be submitted.

**If you have any questions and don't know the pension adjudicator's name and contact information, call the receptionist at 360-902-6901.**