GEORGIA STATE BOARD OF WORKERS' COMPENSATION CASE PROGRESS REPORT

Simployer enrolled in an MCO Yes No	Гуре of Report								
Employer Name (First) (Middle) (Last) Social Security Number	Initial		Final			_			
Employer Employer enrolled in an MCO Yes No	Supplement	Reopened				Insurer File Number			
Employer Employer enrolled in an MCO Yes No	Employee Name (First) (Middle) (I	ast)				_	Soc	rial Secur	ity Number
1. Date of First Payment	((,							,
1. Date of First Payment 2. Type of Payment 3. Disability Date (a) Total/Temporary Total (b) Temporary Partial (c) Permanent Partial (d) Death (e) Other (Specify) 4. Payments Total Lost Time Payments To-Date This Column Total Weekly Benefits 1 Physician Benefits 2 Physician Benefits 3 Pharmacy Benefits 4 Physical Therapy 5 Chiropractic 6 Other (Specify) 7 Return to Work (Specify) 8 Late Payment Penaltiles 9 Assessed Attorney's Fees 10 Burial 11 TOTALS 5. Date Returned to Work 6. Date Able to Return to Work Work Wage 9. If Employee Worked Between Accident Date and Last Date of Disability, Give Dates: Days Total Payments	Employer					_	Date of Injury		
3. Disability Date (a) Total/Temporary Total (b) Temporary Partial (c) Permanent Partial (c) Permanent Partial (d) Death (e) Other (Specify)	Employer enrolled in an MCO	Yes□ No	o 🗖						1
NOTE: Enter Actual Amounts Paid. (b) Temporary Partial (c) Permanent Partial (d) Death (e) Other (Specify) (e) Other (Sp	1. Date of First Payment		2. Type	of Paymen	t	Rate	Weeks	Days	Total Payments
Color Permanent Partial	3. Disability Date		(a) Total/Temporary Total						
Count Coun	NOTE: Enter Actual Amount	s Paid.	(b) Ten	iporary Pa	rtial				
Ce) Other (Specify) Do Not Use This Column			(c) Perr	nanent Pa	rtial				
Total Weekly Benefits			(d) Dea	th					
Payments			(e) Othe	er (Specify)				
1				Total L	ost Time	Do No	t Use	•	Do Not Use
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Assessed Attorney's Fees 10			7						
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Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18).

INSTRUCTIONS

BOARD RULE 61(b)(5) Form WC-4. Case Progress Report. File as follows:

- (A) Within 180 days of the first date of disability;
- (B) Within 30 days from last payment for closure;
- (C) Upon request of the Board;
- (D) Every 12 months from the date of the last filing of a WC-4 on all open cases;
- (E) To reopen a case;
- (F) With all settlement documents;
- (G) Within 90 days of receipt of an open case by the new third party administrator.

ENTER ACTUAL AMOUNTS PAID.

FORM WC-4 REV. DATE 7/2003 4 CASE PROGRESS REPORT