

# PENNSYLVANIA FEDERATION OF INJURED WORKERS



## Panel Physician Application

**ANNUAL DUES FOR PRACTICING MD's: \$450**

### PHYSICIAN INFORMATION

Physician

Name: \_\_\_\_\_

Primary

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

- Your Primary Clinic's address and contact information will appear on the P.F.I.W. website.

### CONTACT INFORMATION (If different from the Physician information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### PREFERENCES

Preferred method of contact with Pennsylvania Federation of Injured Workers:

E-mail

Mail

Fax

Preferred method to receive Pennsylvania Federation of Injured Workers publications/newsletters:

E-mail

Mail

Fax

Preferred method of contact for Pennsylvania Federation of Injured Workers conventions/events:

E-mail

Mail

Fax



**PAYMENT OPTIONS** (All fee donations to the 501(c)(3) nonprofit organization P.F.I.W. are tax deductible.)

12 months for \$450

**DONATIONS** (All donations to the 501(c)(3) nonprofit organization P.F.I.W. are tax deductible.)

I want to make a donation to the Pennsylvania Federation of Injured Workers

**ADDITIONAL INFORMATION**

I am a member of the American Medical Association (AMA)?  Yes  No

**PENNSYLVANIA FEDERATION OF INJURED WORKERS PRACTICE GUIDELINES**

P.F.I.W. has created *Guidelines* to provide a framework to help ensure a high standard of medical treatment for injured workers. The guidelines are on the supplement page included with this application. Physician members who take an oath to adhere to the guidelines are noted as such on the P.F.I.W. website. If you wish to take this oath, please review the guidelines, complete this form and return it to the P.F.I.W. Chapter office location that applies:

**P.F.I.W. Main Office**  
701 W. Broad Street  
Suite 103  
Bethlehem, PA 18018

**Berks County Chapter**  
P.O. Box 13213  
Reading, PA 19612

**Lehigh Valley County Chapter**  
701 West Broad Street  
Suite 103  
Bethlehem, PA 18018

**APPLICANT STATEMENT**

I have filled out the form fully and frankly to the best of my knowledge. I agree to pay all dues and fees and conduct my practice in an ethical manner in accordance with the P.F.I.W. Guidelines.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PENNSYLVANIA FEDERATION OF INJURED WORKERS EVALUATION**

Approved

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SURVEY**

How did you hear about the Pennsylvania Federation of Injured Workers?

- P.F.I.W. mailing
- Internet
- Media
- News Article
- Referral
- Other

# PENNSYLVANIA FEDERATION OF INJURED WORKERS



## Panel Physician Practice Guidelines

### GUIDELINES

As a Pennsylvania Federation of Injured Workers Panel Physician, I will understand the special needs of a patient who has been injured at work and do my best to aggressively treat the injury with the objective of having the injured worker achieve maximum recovery.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will provide objective treatment plans centered on the injured workers needs and not that of any other third party interest such as employers or insurance companies.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will work with the attorney of the injured worker to assure expedient and optimal legal outcomes. My fiduciary duty to the injured worker will be paramount to everything else during my medical treatment of the injured worker.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will provide all medical documentation needed by the injured worker.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will only release requested medical documents to the injured workers attorney when requested by an employer, an insurance company, a rehabilitation counselor or any other third party wanting medical information about the injured worker I am giving medical treatment too.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will not have any ex-parte communications with an employer, an insurance company, a rehabilitation counselor or any other third party wanting medical information about the injured worker I am giving medical treatment too.

As a Pennsylvania Federation of Injured Workers Panel Physician, I will never bill an injured worker or their family for medical treatment related to a work injury. I will only bill the worker's compensation insurance carrier, self insured employer or Medicare for the medical treatment of a work related injury.

### PHYSICIAN

By signing this oath I indicate that I understand and agree to follow these guidelines.

### P.F.I.W. PANEL PHYSICIAN PRACTICE OATH:

As a panel physician of Pennsylvania Federation of Injured Workers, I do hereby take this oath and state that to the best of my ability I will abide and conform to the guidelines listed above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_