

PENNSYLVANIA FEDERATION OF INJURED WORKERS



Panel Physician Application

ANNUAL DUES FOR PRACTICING MD's: \$300

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 \$300
- 6 months for \$150
- 3 months for \$75

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:

Berks County Chapter P.O. Box 13213 Reading, PA 19612	Beaver County Chapter	Dauphin County Chapter 27 Rose Street Middletown, PA 17057
Delaware County Chapter	Lancaster County Chapter	Lehigh Valley County Chapter 701 West Broad Street Suite 103 Bethlehem, PA 18018
	Schuylkill County Chapter	

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: _____