

CLAIM TRACKING CHECKLIST TEMPLATE

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DEMOGRAPHIC INFORMATION

INJURED EMPLOYEE NAME	TITLE	EMPLOYEE ID
DEPARTMENT	DATE OF INCIDENT	
TYPE OF INCIDENT	CLAIM NO.	

WORK STATUS

SCHEDULED RETURN TO WORK DATE	ACTUAL RETURN TO WORK DATE

NOTES

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TRACKING ITEMS

ITEM NAME	STATUS	ASSIGNED TO	DATE COMPLETED
Accident Reporting Forms:			
Employee Incident/Accident Report			
Back Injury Incident/Accident Report			
Supervisor's Investigation Report			
Witness Statement Form			
First Report of Injury Form			
Managed Care Organization (MCO) Notified			
Third Party Administrator (TPA) Notified			
Claim Certification (Approved or Denied)			
Supervisor Report of Return to Work			
Return to Work Plan Development			

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