

## Provider Signature on Medical Evidence

The following grid identifies provider types whose signature is acceptable on medical evidence.

PROVIDER TYPE					
	Physician of Record (POR) or treating physician which includes the following: <ul style="list-style-type: none"> <li>• Medical doctor (M.D.),</li> <li>• Osteopath (D.O.),</li> <li>• Chiropractor (D.C.),</li> <li>• Dentist (D.D.S.),</li> <li>• Mechanotherapist (D.M.T.),</li> <li>• Podiatrist (D.P.M.),</li> <li>• Psychologist,</li> <li>• Ophthalmologist.</li> </ul>	Advanced Practice Nurse (A.P.N.) which includes the following: <ul style="list-style-type: none"> <li>• Certified Nurse Practitioner (C.N.P.),</li> <li>• Certified Nurse Specialist (C.N.S.),</li> </ul> Physician Assistant (P.A.)	Licensed Independent Social Worker (L.I.S.W.)  Licensed Professional Clinical Counselor (L.P.C.C.)	Audiologist (A.U.D.) Optometrist (O.D.) Physical Therapist (P.T.) Occupational Therapist (O.T.)	Licensed Social Worker (L.S.W.)  Licensed Professional Counselor (L.P.C.)  All other non-physician providers
<b>FORM</b>					
Physician's Report of Work Ability (MEDCO-14)	YES	*YES (see below)	NO	NO	NO
	*For the first six weeks immediately following the date of injury, an A.P.N. and/or P.A. may independently complete and sign a MEDCO-14 to support payment or non-payment of temporary total disability. Subsequent MEDCO-14s <b>must</b> be co-signed by a physician who has examined the injured worker (IW) or has reviewed medical documentation of an A.P.N.'s and/or P.A.'s examination of the IW.				
Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9)	YES	YES	YES	Medical Services Reimbursement – YES (see exception below)  Recommendation for Additional Condition – NO	NO
	<b>Exception:</b> C-9s signed by a P.T. or O.T. for therapy services must be accompanied by a prescription from the POR or treating physician, an A.P.N. or P.A.				
ADR Appeal to the MCO Medical Treatment/Service Decision (C-11)	YES	YES	YES	YES	YES
Indicate causality designation and provide signature on (in the "Treatment info." section of the) First Report of an Injury, Occupational Disease or Death (FROI-1)	YES	YES	YES	NO	NO
	<b>NOTE:</b> FROI-1 applications may be filed by anyone, but the causality designation and provider signature in the "Treatment info." section as noted can only to be completed by those providers designated above.				

### General Information Regarding Signatures on Medical Evidence:

- An original or stamped signature on an application or medical evidence is acceptable.
- A form with a scanned signature is acceptable, but an electronic signature is not acceptable.
- Medical reports signed by a POR or treating physician's authorized "scribe/designee" are acceptable. The scribe/designee will:
  - a. Sign the POR or treating physician's name.
  - b. Enters his/her initials next to the POR or treating physician's name.