

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING



TEMPORARY DISABILITY INSURANCE DIVISION
PO BOX 20100 CRANSTON, RHODE ISLAND 02920-0941
TEL.# for Physician offices only (401) 462-8447 FAX # (401) 462-8809
Telephone number for all patients (401) 462-8420

NOTIFICATION OF IMPARTIAL EXAMINATION

7/18/2013

QHP Address

Patient's S.S. #:

DOB:

Patient's Name:

Patient's Address:

Address:

Case Summary

The above patient has a TDI claim previously allowed for Total Weeks weeks through Date

The Illness or Injury is: _____

Patient's Regular or customary occupation is: _____

Free text

For Impartial Examiners - VIEW ONLY

The above named individual has been instructed to make an appointment with you for an impartial medical examination. Our department would appreciate he/she is provided an appointment at the earliest date possible.

Please report the results of the examination on the Impartial Examination results form (page #2) and return it to this office immediately following the examination.

Please note that a very important part of this report concerns your impartial, professional opinion as to: How the reported disability affects the person's ability to perform his/her regular or customary work.

Charges may be filled in accordance with the fee schedule established by the department. Please fax the completed report along with a copy of your bill to the Claims Management Unit at 401-462-8809.

Thank you!

