

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

CASE PROGRESS REPORT (File per Board Rule 61(b)5)

Initial
 Supplement
 Final
 Reopened

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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A. IDENTIFYING INFORMATION				
EMPLOYER	Name	Insurer /Self Insurer File Number	SBWC ID# (five digit no.)	Date of Final Weekly Payment

B. PAYMENT TYPE <small>Enter actual amounts paid</small>	RATE	WEEKS	DAYS	TOTAL PAYMENTS
<input type="checkbox"/> (a) Temporary Total				
<input type="checkbox"/> (b) Temporary Partial				
<input type="checkbox"/> (c) Permanent Partial				
<input type="checkbox"/> (d) Death				
<input type="checkbox"/> (e) Stipulation/Settlement				
<input type="checkbox"/> (f) Advances				

C. PAYMENTS	TOTAL LOST TIME PAYMENTS TO DATE
1 Total Weekly Benefits	
2 Physician Benefits	
3 Hospital Benefits	
4 Pharmacy Benefits	
5 Physical Therapy	
6 Chiropractic	
7 Other (Medical)	
8 Rehabilitation / Vocational (excluding all of the above)	
9 Late Payment Penalties	
10 Assessed Attorney's Fees	
11 Burial	
Totals	

D. Recovery code:	<input type="checkbox"/> for Subrogation <input type="checkbox"/> for Overpayment <input type="checkbox"/> for SITF <input type="checkbox"/> Other
Remarks	

E. I certify that the total payments are as correct as the available information indicates.

Type or Print Name		Signature		Date
Address			E-mail	
City	State	Zip Code	Phone Number and Ext	
Insurer/Self Insurer Name		Claims Office Name		

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbbc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).