WC-4 GEORGIA STATE BOARD OF WORKERS' COMPENSATION (7/92) CASE PROGRESS REPORT

Type of Report (File in Duplicate) _ Initial _ Final
_ Supplemental _ Reopened Insurer File Number

_____ (___) _____ _____
Employee's Name (First) (Middle) (Last) Employee's Phone Number Social Security Number

_____ __/__/____
Employee's Street Address City State ZIP Date of Injury

_____ _____
Employer Insurer

_____ _____
Address Address

_____(___)____ _____(___)____ City State ZIP
Phone City State ZIP Phone

1. DATE OF FIRST PAYMENT TOTAL PAYMENTS	2. TYPE OF PAYMENT	RATE	WEEKS	DAYS
3. DISABILITY DATE	(A) TOTAL/ TEMPORARY TOTAL			
	(B) TEMPORARY PARTIAL			
NOTE ROUND OFF ALL MONEY ENTRIES TO NEAREST DOLLAR.	(C) PERMANENT PARTIAL			
	(D) DEATH			
* TOTAL RESERVES EQUAL PAYMENTS PLUS OUTSTANDING RESERVES.				
	(E) OTHER (Specify)			

4. **PAYMENTS AND RESERVES**	**TOTAL PAYMENTS TO DATE**	**DO NOT USE THIS COLUMN**	**TOTAL RESERVES***	**DO NOT USE THIS COLUMN**

TOTAL WEEKLY BENEFITS	1			
PHYSICIAN BENEFITS	2			
HOSPITAL BENEFITS	3			
PHARMACY BENEFITS	4			
REHABILITATION	5			
LATE PAYMENT PENALTIES AND ASSESSED ATTORNEY FEES	6			
BURIAL	7			
TOTALS				

5. DATE RETURNED TO WORK	6. DATE ABLE TO RETURN TO WORK	7. RETURN TO WORK WAGE	8. CLOSING DATE	DO NOT USE THIS COLUMN

9. IF EMPLOYEE WORKED BETWEEN ACCIDENT DATE AND LAST DATE OF DISABILITY, GIVE DATES:

INSURER'S NO.

DISABILITY

10. DATE OF FINAL WEEKLY PAYMENT

LW DAYS

11. IF PERMANENT INJURY, STATE LOSS: PERCENTAGE PART OF BODY

SETTLEMENT

REMARKS:

WC CLOSING

REHAB. CODE

REVIEW CLK.

I CERTIFY TO THE BEST OF MY KNOWLEDGE THE TOTAL PAYMENTS AND RESERVES ESTABLISHED ARE AS NEARLY CORRECT AS THE AVAILABLE INFORMATION INDICATES.

By _____ ( ) _____ (Type or Print and Sign)
(Date) Phone

INSTRUCTIONS

BOARD RULE 61(b)(5) Form WC-4. Case Progress Report. File as follows:

(A) When an actual return to work occurs (attach final form WC-4 to form WC-2 when suspending benefits);

(B) Not later than the one-hundred-eightieth day of disability;

(C) Within 60 days from last payment for closure;

(D) Request of Board;

(E) Every 12 months from the date of the last filing of form WC-4 on all open cases;

(F) Any change in reserves; including, but not limited to a reduction in reserves upon approval of the Board of a reimbursement agreement between an insurer and the Subsequent Injury Trust Fund;

(G) To reopen a case.

RESERVES: **Insurers** must complete information for Total Reserves on **DUPLICATE** copy. This information should not be shown on the original WC-4. The Board will protect the confidentiality of reported reserve information.

Self-Insurers are not required to furnish reserve information but may list incurred liability for injury if quarterly loss reports are desired. Loss reports will reflect the unpaid portion of losses by accident year, as of report date.

TOTAL RESERVES EQUAL PAYMENTS PLUS OUTSTANDING RESERVES.

ROUND OFF ALL MONEY ENTRIES TO NEAREST DOLLAR.