



Effective: [November 1, 2008](#)

TO: Physician's Office

FROM: Risk Management Department, Papa John's Pizza

**RE: Papa John's Pizza protocol for work-related injuries.**

**AUTHORIZATION:**

When an employee requests treatment for a work-related injury, he/she is immediately taken or directed to one of the providers on our "physician's panel" list. Additionally, a Papa John's manager will authorize initial treatment of a work-related injury by filling out the "Medical Treatment Authorization Form" on the back side of this memo. **Please complete this form and fax to (866) 350-1075.**

**PAYMENT:**

For prompt payment of first aid-related invoices, have the clinic mail or fax the doctor's report and invoices to:

Papa John's Pizza  
Attn: Risk Management  
1450 Dowell Springs Blvd., #100  
Knoxville, TN 37909  
**Fax (866) 350-1075**

**LIGHT DUTY:**

We would like the treating physician to be aware that Papa John's has an extensive light duty work program available. Allowances in the job routine will be provided to meet light duty restrictions until a full duty release is obtained. Job positions of all kinds (taking customer orders on the telephone, folding boxes, addressing postcards) can be done standing or sitting. If walking is OK, they can work as a cashier. We will create a job if we know the limitations.

**ADDITIONAL TREATMENT:**

For treatment authorization beyond the initial visit, and requests to refer to another doctor for treatment or opinion, please contact a [ACE USA representative](#) at (504) 310-3630 and reference our policy number, C45103663.

If we can be of any assistance, please feel free to call Papa John's Human Resource, (865) 588-2875.

**Form - Medical Treatment Authorization Doughboy Foods LLC**

<b>PJ Supervisor</b>	<p>Complete this section. Write in the medical provider's name and address in Authorization section below. Have the employee sign the Employee section below. Give the form to the employee to take to the authorized medical provider as seen on the "pink" Physicians Panel poster. Instruct the employee to return the completed form to you following the appointment. Give a new form to the employee for each follow-up appointment.</p> <p><b>Employee Name:</b> _____ <b>Injury Date:</b> ____/____/____ <b>Store #</b> _____</p> <p><b>Injured Body Part(s):</b> _____ <b>Date Sent to Clinic:</b> ____/____/____</p> <p><b>Print Manager/Supervisor's Name:</b> _____</p> <p><b>Manager/Supervisor's Signature:</b> _____ <b>Store Phone #:</b> (____) _____ - _____</p>
<b>Authorization</b>	<p><b>Insurance Provider Information:</b> ACE USA <span style="float: right;"><b>Policy #</b> C45103663</span></p> <p><b>Billing Address:</b> Papa John's Pizza, 1450 Dowell Springs Blvd., Suite 100, Knoxville, TN 37909</p> <p><b>Contact Info:</b> (865) 588-2875</p> <p>Authorization is extended for an initial examination and temporary treatment for the employee listed above. Medical records, invoices, requests for treatment authorization beyond the initial visit, and requests to refer to another doctor for treatment or opinion must be sent to or obtained from the claims representative listed on back. The medical provider must complete a copy of this form for each and every appointment scheduled for this employee.</p>
<b>Employee</b>	<p><b>Employee Release of Medical Records:</b></p> <p>I authorize the attending physicians, surgeons, and medical care provider(s) to furnish to any representative of Papa John's Pizza, independent claim representative, regulatory agency, or attorney acting on Papa John's Pizza's behalf, all records in their possession regarding my current work-related injury, including medical history, laboratory, diagnostic, and drug testing results, physical condition, and recommendations. I understand this information will be used for verification of physician findings and recommendations regarding my work-related injury. Authorization is also specifically granted to release this information and evidence to Papa John's Pizza's insurance company and/or representative. This authorization shall remain valid, unless revoked in writing with notice to Papa John's Pizza, or until the date my work-related injury claim has been concluded.</p> <p>Employees' Signature: _____ Date: ____/____/____</p> <p>Print Employee's Name: _____ SS# _____ - _____ - _____</p>
<b>Medical Provider</b>	<p>Complete this section and sign. Give the completed form to the patient to return to the employer:</p> <p>Diagnosis: _____</p> <p>_____</p> <p>Treatment: _____</p> <p>_____</p> <p>Next Appointment Date: ____/____/____</p> <p>Release: <input type="checkbox"/> to Full Duty; date: ____/____/____</p> <p><input type="checkbox"/> UNABLE TO WORK, estimated date of return to work ____/____/____</p> <p><input type="checkbox"/> to LIGHT DUTY; date: ____/____/____</p> <p>Please specify work restrictions, if applicable: _____</p> <p>_____</p> <p>Physician's Name: _____ Phone # (____) _____</p> <p>Address: _____</p> <p>Physician's Signature: _____ Date: ____/____/____</p>

**Please fax completed form to Papa John's Risk Management Dept.  
at (866) 350-1075 and return to employee.**