



Michael J. Kalson, MD ♦ Jesse E. Seidman, MD ♦ Michael G. Raab, M.D.

Welcome to Academy Orthopedics. I would like to invite you to review the worker's compensation services we have to offer you, your employees, and your clients. Our physicians work with area businesses to provide the utmost quality care for your injured employee.

Our main Focus is on providing businesses with Panel Physicians that believe in providing exceptional care to injured workers while focusing on the goal of returning the worker to a pre- injury status. We believe in maintaining open lines of communication between all parties involved in the worker's compensation process. Trained in the processes of workers compensation, our physicians and staff are certified as Medical Providers Worker's Compensation Professionals. Our teams are ready to assist you. Not only will we meet your needs, we will exceed your expectations!

Communication is the key to the success of any worker's compensation claim. From start to finish, you will see why Academy Orthopedics is a leader in worker's compensation services. If you would like to know more, contact me directly. I will gladly schedule a meeting to address any questions you may have.

We look forward to the opportunity of assisting you!

Sincerely,

Sheila Howington
Worker's Compensation Manager

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www.academyorthopedics.com



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SCHEDULING YOUR INJURED EMPLOYEE

Please contact our Worker's Compensation Department at 770-271-9855 ext 123. Our in-office coordinator will assist you in choosing the location that is most convenient to your office and the employee's home. We have included an authorization to treat form to facilitate ease in scheduling. Please complete prior to scheduling your injured worker and return via fax to: 770-614-6537. As we speak with you to schedule your employee, all of the information we need to enter into our computer system will be available. Please retain a copy for your records.

The coordinator is also responsible for faxing or emailing information to keep your adjuster informed of your employee's progress, scheduling of procedures and pre-certification of these procedures, as well as billing.

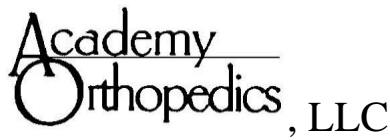
Any time there is a change in your company information, e.g., insurance carrier or contact information, please notify the Work Comp Coordinator of these changes so that we may keep all information current. We will request on a yearly basis to obtain an update on your information.

At Academy Orthopedics, our physicians and staff work to make the Worker's Compensation process smooth and hassle-free. Our policy is to provide communication, education, and quality service, assisting our community one patient at a time. It is our intention to keep open lines of communication and a good working relationship. At any time if you feel we have not met your needs or you have a suggestion to improve our process, please contact the Worker's Compensation Manager so that we may schedule a time to visit your facility and discuss your concerns.

Thank you for entrusting the care of your employees to our orthopedic practice.

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AUTHORIZATION FOR WORKERS' COMPENSATION TREATMENT

Please complete and fax to (770) 614-6537

Please call Academy Orthopedics' Workers' Compensation Department (770) 271-9855 ext 123 for instructions prior to sending an employee to our office.

Date: _____ Employee name: _____

Address : _____

DOB: _____ Phone: _____ Cell: _____

SSN: _____ Work Phone: _____

Company Name: _____ Company Phone: _____

Company Address: _____ Company Fax: _____

Company Rep. Authorizing Treatment: _____
(Please Print Name)

(Signature)

IF PREVIOUS TREATMENT FOR INJURY HAS BEEN RECEIVED, MEDICAL RECORDS MUST BE SENT PRIOR TO THE SCHEDULED APPOINTMENT

PATIENT MUST BRING 2 FORMS OF ID, ONE BEING A PICTURE ID

Date of Injury: _____ Part of Body Injured: _____
(left / right / both – circle one)

Services Requested:

_____ Injury Care _____ IME _____ Second Opinion _____ Surgical Evaluation

Limited duty available? ___Yes ___No

Special requirements: _____

Billing Information:

Work Comp Insurance Carrier Name: _____

Address: _____

NCM Assigned? ___Yes ___No Adjuster Name: _____

Claim #: _____ Phone: _____

Fax: _____ Email: _____



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Workers' Compensation Department
3929 Carter Road
Buford, Ga. 30518
678-546-4943

Authorized Treating Physician: _____

Adjuster: _____

Nurse Case Manager: _____

Date: _____

Dear _____,

This letter is to inform you and document that _____

[] Cancelled his/her appointment scheduled for _____

The patient did/did not rescheduled the appointment at this time.

OR.

[] No show/ No call for the scheduled appointment _____.

A call was placed to the patient to reschedule.

[] The next scheduled appointment for this patient is scheduled for _____.
The patient has been advised we expect a 24 hour notice to cancel appointments.

[] Please note this patient does not have a follow up appointment, please contact us to
advise how or if we are to proceed with treatment.

Sincerely,

Name/Title/Date



Work Status Report

Michael Kalson, M.D. ♦ Jesse Seidman, M.D.
Michael G. Raab, M.D.

318 Tribble Gap Rd.
Cumming, GA 30040
(770) 889-0891
Fax (770) 889-0354

3540 Duluth Park Lane, Suite 220
Duluth, GA 30096
(770) 476-1900
Fax (770) 476-1753

3929 Carter Rd., Bldg. C
Buford, GA 30518
(770) 271-9855
Fax (770) 271-1118

Date: _____

Date of Injury: _____

_____ is under the care of this office.

At this time he/she may:

- Not return to work until rechecked
Return to Regular duty Limited duty
Continue at Regular duty Limited duty
His/her next appointment is on:
He/she is dismissed from care.

ARRIVAL TIME: _____

DEPARTURE TIME: _____

Diagnosis: _____

Limitations:

- Sedentary work: Primarily sitting with occasional standing and/or walking. Lift and carrying no more than 10 lbs.
Light work: Occasional lifting up to 10-15 lbs with frequent lifting or carrying objects weighing up to 10 lbs.
Moderate work: Occasional lifting up to 20 lbs with frequent lifting or carrying objects weighing up to 10 lbs.
Medium work: Occasional lifting up to 50 lbs with frequent lifting or carrying objects weighing up to 25 lbs.
Medium-heavy work: Occasional lifting up to 75 lbs with frequent lifting or carrying objects weighing up to 40 lbs.
Heavy work: Occasional lifting up to 100 lbs with frequent lifting or carrying objects weighing up to 50 lbs.
Very heavy work: Occasional lifting up to 100 lbs with frequent lifting or carrying objects weighing over 50 lbs.

In an 8 hour day:

Table with 5 columns: Patient can stand/walk, Patient can sit/drive, None, 1-4 hours, 4-6 hours, 6-8 hours

Treatment ordered:

- Arthrogram
EMG / NCS
MRI
Pain Management
Bone scan
Epidural injections
Myelogram
Physical Therapy _____ weeks
CT scan
FCE
Supartz
Surgery _____
Other _____

The patient can perform the following activities:

Table with 5 columns: Activity, None, Rare, Occas., Freq. (Bending/stooping, Squatting, Stair climbing, etc.)

The patient is able to return to work with the following additional limitations:

- Alternately sit or stand/walk
Sit for at least _____ minutes every hour
Keep _____ elevated while at work
Wear sling, cast, splint, or brace on the _____ while at work
May not operate power equipment or machinery
May not operate any car/truck
May not operate a car/truck equipped with standard transmission
May not perform highly repetitious activities with _____
May not use hands for:
Simple grasping Pushing/pulling Fine manipulation
May not use feet for repetitive movement such as operating foot controls
Other _____

Comments: _____

PPD rating at time of Discharge: _____

MMI: _____ Yes No

Physician: _____

Date: _____



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Workers' Compensation New Patient Information

We welcome you to our practice. The following is information to assist you with your medical treatment.

Please keep all scheduled appointments. If you need to reschedule, we ask that you provide twenty four hours notice prior to cancellation. Please note, all cancelled and/or rescheduled appointments will be reported to you employer and/or insurance claim adjuster.

If the treating physician orders a test or procedure, our Workers' Compensation Coordinator will process getting these test or procedures approved. After the physician has dictated his office notes, our coordinator will fax this information to your claims adjuster for approval. This process can take 5-7 days.

Please make sure you provide our staff with the best telephone number to reach you during the hours of 8:00am to 5:00pm.

Each physician has a clinical assistant. If you have questions or concerns regarding your medical condition, please contact the office and leave a message for the appropriate clinical assistant. There is no need to leave multiple messages. If medication refills are needed, ask the physician at the time of your office visit. If you leave a message for a prescription refill on the voicemail, it can take up to 72 hours to obtain approval from the physician. Messages are returned by the end of business day unless otherwise noted.

Dr. Michael Kalson, Clinical Assistant: Jennifer Bolton 770-889-0891 ext 304

Dr. Jesse Seidman, Clinical Assistant: Candice Sheridan 770-476-1900 ext 202

Dr. Michael Raab, Clinical Assistant: Jennifer Chesney 770-271-9855 ext 220

Workers' Compensation Contacts:

Sheila Howington, WC Manager..... 678-546-4943

Julia Brown, WC Coordinator.....770-271-9855 ext: 123

Our goal is to help you return to a pre- injury status. Every effort will be made to assist you in this process. We understand that injuries sometimes prevent the immediate return to your current job position, but every effort will be made to keep you progressing towards this goal. Our physicians will provide you with a work status at each visit. The work status will list any work restrictions. You are to provide this to your employer so they can work to assist you in the work place as well as in the recovery process. Any job descriptions that are supplied to our office will be reviewed by your treating physician. If your employer cannot provide alternative work based upon work restrictions, then the employer will advise you on their guidelines at that point.

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**Worker’s Compensation Información de Paciente
(La Remuneración de Trabajadores)**

Bienvenidos a nuestra oficina. La información siguiente es para asistirlo con su tratamiento medico.

Por favor mantenga todas las citas planificadas. Si necesita cancelar una cita, le pedimos que nos proporcione 24 horas de cancelación. Tenga en cuenta que su empresario, compañía de seguro será notificado de todas las citas canceladas o reprogramadas.

Si su medico ordena exámenes o procedimientos, nuestra coordinadora de worker’s compensation (la remuneración de trabajadores) hará los tramites para que estos exámenes o procedimientos sean aprobados. Después que el medico ha dictado sus notas de oficina, nuestra coordinadora le mandara por fax esta información a su ajustadora de reclamos para aprobación. Este proceso puede tomar 5-7 días.

Por favor asegure que nuestro personal tiene el mejor numero de teléfono para poder alcanzarlo durantes el horario de 8:00 am a 5:00 pm.

Cada medico tiene una asistente de clínica. Si usted tiene preguntas o preocupaciones sobre su condición medica, por favor contacte a la oficina y deje un mensaje para la asistente de su medico. No es necesario dejar varios mensajes. Si necesita renovaciones de medicamento, pregúntele a su medico durante su cita en la oficina. Si deja un mensaje por teléfono para renovaciones de medicamento esto puede tomar 72 horas para recibir aprobación de su medico. Los mensajes de devuelven por el fin del día laborable a menos que se indique lo contrario.

Dr. Michael Kalson, Asistente de clínica: Jennifer Bolton.....770-889-0891 ext. 304
Dr. Jesse Seidman, Asistente de clínica: Candice Hurley.....770-476-1900 ext. 202
Dr. Michael Raab, Asistente de clínica: Jennifer Chesney..... 770-476-1900 ext. 220

Contactos de el departamento de Workers’ Compensation en nuestra oficina:

Sheila Howington, WC Manager.....678-546-4943
Julia Brown, WC Coordinator.....770-271-9855 ext. 123

Nuestro objetivo es regresarlo a la situación anterior de la lesión. Haremos todo los esfuerzos para asistirlo en este proceso. Entendemos que lesiones aveces evitan inmediato regreso a su posición corriente, pero haremos todo los esfuerzos para mantener el progreso para alcanzar esta meta. Nuestros médicos le brindaran la condición de trabajo en cada visita. La condición de trabajo tendrá una lista de cualquier restricción de trabajo. Usted debe suministrar esta lista a su empresario para que el pueda asistirlo en el lugar de trabajo, tan así como en el proceso de recuperación. Las descripciones de trabajo que se suministran a nuestra oficina será revisada por nuestro medico de tratamiento. Si su empresario no puede suministra trabajo alternativo basado en las restricciones le a aconsejara sobre sus directrices en este punto.

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**Michael J. Kalson, MD ♦ Jesse E. Seidman, MD ♦ Michael G. Raab, M.D.
Workers' Compensation Confirmation**

Date: _____

This letter is confirmation of our decision to add the physicians of Academy Orthopedics to our Workers' compensation panel.

Company Name: _____

Type of Business: _____

Number of Employees: _____

Contact and Title: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Workers' Compensation Carrier: _____

Address: _____

City, State & Zip: _____

Adjuster: _____

Phone Number: _____

Fax Number: _____

Special requirements requested by employer (i.e., required drug screening, special company forms to be completed, sedentary work available, etc.)

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The following additional employees have been authorized by our company to initiate Workers' compensation care by Academy Orthopedics:

Name: _____

Title: _____

Phone Number: _____

Name: _____

Title: _____

Phone Number: _____

Type of Injuries: _____

Has the company established an early return to work program? Yes No

Do you have printed guidelines which you can provide our practice to review? Yes No

Academy Orthopedics is authorized to dispense medication to employee at the office? Yes No

Signature and title

Please fax completed form to Academy Orthopedics at
770-614-6537 or email to showington@academyorthopedics.com.

Thank you for entrusting the care of your employees to our practice.

OFFICE LOCATIONS:
318 TRIBBLE GAP RD.
CUMMING GA. 30040

3929 CARTER ROAD
BUFORD, GA. 30518

3540 DULUTH PARK LANE
SUITE 220
DULUTH, GA. 30096

AMBULATORY SURGERY CENTER
318 TRIBBLE GAP ROAD
CUMMING, GA. 30040

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Michael J. Kalson, M.D., F.A.A.O.S.

Dr. Kalson came to Forsyth and Gwinnett Counties shortly after completing his orthopedic training. He established Academy Orthopedics in 1986. Through his vision, Academy Orthopedics has grown to consist of three locations that provide care to Forsyth, Gwinnett and Hall and counties. During this time he has played an active role in the provision of orthopedic services at hospitals in the community as well as serving on their executive committees. Dr. Kalson provides educational presentations to numerous medical and civic organizations and is an active supporter of many youth athletic activities in our community. He is a partner in Education and has served as a Team Physician for Forsyth Central High School. Dr. Kalson specializes in spinal surgery, total joint replacement, and general orthopedics. Dr. Kalson is trained in the newest Kyphoplasty procedure for the treatment of Spinal fractures. . He is trained in the most innovative surgical procedures, including gender specific knee replacements, as well as computer navigated total knee replacements. Dr. Kalson gladly tours area businesses to become familiar with the workers' environment in order to provide more accurate Workers' Compensation care.

Dr. Kalson is dedicated to the "COMMITMENT OF EXCELLENCE."

Certification: Diplomat, American Board of Orthopedic Surgery Diplomat, National Board of Medical Examiners. . In addition, Certified as a Medical Providers Workers' Compensation Professional

License: State of Georgia

Education: Medical School: Temple University School of Medicine, Philadelphia

Residency: Temple University Hospital



Jesse E. Seidman, M.D., F.A.A.O.S.

Dr. Seidman joined Academy Orthopedics in 1995. He attended college and medical school at the State University of New York and received his post-graduate training at Mt. Sinai Hospital in New York and at the State University of New York in Stony Brook. He completed his Fellowship in Sports Medicine at the Lahey Clinic in Burlington Massachusetts.

Dr. Seidman was born and raised in New York. He came to Atlanta in 1992 and practiced in Dekalb and Gwinnett counties prior to joining Academy Orthopedics in 1995. He has presented papers at orthopedic meetings and has been published in some of the major orthopedic journals. He brings to our practice his expertise in sports injuries, shoulder surgery, and general orthopedic surgery. He also has expertise in the areas of foot and ankle surgery and total joint replacement. Dr. Seidman is a Partner in Education. He is trained in the most innovative surgical procedures, including gender specific knee replacements, as well as computer navigated total knee replacements. He gladly tours area businesses to become familiar with the workers' environment in order to provide more accurate Workers' Compensation care.

Dr. Seidman is dedicated to the "COMMITMENT OF EXCELLENCE."

Certification: Diplomat, American Board of Orthopedic Surgery: Diplomat, National Board of Medical Examiners. In addition, Certified as a Medical Providers Workers' Compensation Professional

License: State of Georgia

Education: Medical School: State University of New York

Residency: Mt. Sinai Hospital, New York

Fellowship: Sports Medicine: Lahey Clinic, Burlington Massachusetts



Michael G. Raab, M.D. F.A.A.O.S., F.A.C.S.

Dr. Raab is a board-certified orthopedic surgeon with special interest, training and experience in hand and upper extremity surgery. He joins Academy Orthopedics physician staff May 03, 2010

With over 15 years experience - 11 in private practice, and 4 as an active-duty military orthopedist, he also performs general orthopedic surgery and arthroscopic knee surgery. He is familiar with many causes of orthopedic and joint problems, whether they are sports injuries, trauma-related, on the job, overuse, or just "wear and tear."

Dr. Raab treats patients of all ages - children, seniors, workers, housewives, athletes and "weekend warriors". His goal is to treat orthopedic conditions effectively so patients may return to normal activity as soon as possible, but with enough time to allow the injured part to heal appropriately.

Dr. Raab is dedicated to the "COMMITMENT OF EXCELLENCE."

Certification: Board Certified by the American Academy of Orthopaedic Surgeons

License: State of Georgia

Education: Medical School: University of Illinois College of Medicine, Chicago, IL

Residency: Orthopedic Surgery ♦ Southern Illinois School of Medicine, Springfield, IL

♦ University of Illinois College of Medicine, Chicago, IL

Undergraduate Education: University of Notre Dame - ♦ BS - Chemical Engineering

♦BS - Pre-professional Studies