

# SJDB / VOUCHER CHECK LIST

|   |                        |
|---|------------------------|
| Claimant  |                        |
| Claim number  |                        |
| Claims Examiner   |                        |
| Carrier / Office  |                        |
| DOI   |                        |
| TD payments issued / Last date paid   | Yes      Date:      No |
| Date released to return to U&C or discharged with no PD   |                        |
| Date released to return to temp mod or alt work   |                        |
| Date permanent and stationary with permanent work preclusions   |                        |
| Award issued and date (1/1/04 - 12/31/12 DOI's)   |                        |
| Physicians Return-to-Work form - DWC AD Form 10133.36 received? (Post 1/1/13 DOI'S)   | Yes      Date:      No |
| Physicians Return-to-Work form - DWC AD Form 10133.36 - Start process?  | Yes      No            |
| Voucher notice letter sent  | Yes      Date:      No |
| Voucher notice letter needed  | Yes      No            |
| Temporary or Permanent SJDB mod/alt offer needed? (DWC-AD 10133.53 - 1/1/14 - 12/31/12 DOI's or DWC AD 10133.35 Post 1/1/13 DOI's)) | Yes      No            |
| Offer of Regular work needed? (DWC-AD 10118 1/1/14 - 12/31/12 DOI's - or DWC AD 10133.35 Post 1/1/13 DOI's))                        | Yes      No            |
| PD% increase/decrease needed? (1/1/05 -12/31/12 DOI's)  |                        |
| Comments/Misc:  |                        |