INDEPENDENT EXERCISE PROGRAM LOG

CLAIMS DIVISION

SFN 50323 (07/2019)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Injured employee must obtain exercise facility staff signature at each visit. Return this form to Workforce Safety & Insurance on a monthly basis. Exercise facility staff must sign below to verify the attendance of the injured employee on the dates listed.

SECTION 1 – *Injured employee information*

Claim number	Injured employee's (First name)	(Last name)	Injury date

SECTION 2 – *Exercise log*

Exercise facility name	Exercise facility telephone number

Date of visit	Signature of exercise facility staff

SECTION 3 – *Fraud warning*

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured employees, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize and agree that statements in this form are true and accurate.

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