



**WORK HARDENING OR
CONDITIONING PROGRAM
REQUEST**
UTILIZATION REVIEW DIVISION
SFN 60800 (06/2020)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 701-328-5990
Toll Free Telephone 888-777-5871
Fax 701-328-3765
Toll Free Fax 866-356-6433
TTY (hearing impaired) 800-366-6888
www.workforcesafety.com

**Fax recent medical notes and provider's order with request to 866-356-6433.
To prevent a delay of your review complete required sections 1-5.**

SECTION 1 – Injured employee's information			
Date	Claim number	Injured employee's (First name)	(Last name)
Date of injury	Date of birth	Social Security number*	
SECTION 2 – Facility requesting services			
Person to notify with decision	Preferred method of notification of recommendation <input type="checkbox"/> Telephone call OR <input type="checkbox"/> Fax		
Telephone number	Fax number		
Facility name	Facility mailing address		
City	State	ZIP code	
Facility telephone number	Facility fax number		
SECTION 3 – Ordering provider information			
Provider's full name (MD, NP, PA)	Provider's NPI	Date of recent office visit	
Clinic name	Clinic mailing address		
City	State	ZIP code	
Clinic Federal Tax ID	Clinic telephone number		
SECTION 4 – Facility where services will be provided			
Facility name	Facility address		
City	State	ZIP code	
Facility Federal Tax ID	Facility telephone number		
SECTION 5 – Work hardening/work conditioning program details			
Area of body/diagnosis	Start date of current request	End date of current request	
Total number of visits being requested	Therapist name	Is injured employee working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 6 – Additional information			

*In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.