

Form 51 Instructions

(Lines 1-2) For Medical Only Cases

Line 1. Report the number of "medical only" cases reported during the fiscal year.

Line 2. Report the actual money spent for all "med only" cases during the fiscal year regardless of when the case was first reported.

Complete The Following Section (Lines 3-8) Only If You Are A Managed Care Insurer Or Are Directly Applying The Industrial Commission Medical Fee Schedule To Submitted Medical Bills:

(Exclude "Medical Only")

Line 3. Report the number of "lost-time" cases reported during the fiscal year.

*For lines 4-7, report all money spent for medical care during the fiscal year regardless of when the case was first reported. Medical treatment paid includes in-state and out-of-state providers.

Line 4. Report the money spent for all outpatient hospital care

Line 5. Report the money spent for all inpatient care, regardless of where bill was processed.

Line 6. Report the money spent for care provided by physicians, physical therapists, chiropractic physicians, home health, private duty nursing, nursing homes or long term facilities, pain clinic, ambulance-air flight, psychiatrists or psychologists. Also include prescription drugs, supplies, and sick travel.

Line 7. Report the money spent for rehabilitation nurses, vocational rehabilitation, work hardening or work conditioning.

Line 8. (Add lines 4-7) Report all medical expenses for lost time cases.

NOTE: The Form 51 should include data applicable to cases under the North Carolina Workers' Compensation Act. Do not include data from cases considered exempt. See G.S. § 97-13 for exemptions. (Ex. Federal-Longshoremen cases)