



New Jersey Schools Insurance Group
6000 Midlantic Drive, Suite 300 North
Mount Laurel, New Jersey 08054
www.njsig.org

TRENTON BOARD OF EDUCATION
108 NORTH CLINTON AVE.
TRENTON, NEW JERSEY 08609

PLEASE FAX WITHIN 24 HOURS OF PATIENT VISIT
(609) 386-2011 or via Email medonly@njsig.org and workerscomp@trenton.k12.nj.us

To be completed by the employer:

Employee: _____ BOE: _____

Claim Number: _____

*Claim number: Year of injury + WC + Last 4 digits of injured workers social security number.
(For example: 2023WC1234)

Date of Injury: _____

To be completed by the doctor:

Date of Visit: _____ No Show

Diagnosis: _____

Recommended Treatment:

- ___ None
- ___ P.T. / O.T
- ___ **Medication
- ___ MRI
- ___ Surgery
- ___ Other

**** No prescription medication is to be dispensed in the office**

Work Status:

___ Patient is able to resume regular work duties.

___ Patient is able to return to work with the following restrictions:

___ Sedentary (sitting only)

___ Modified Duty: sit, stand, walk, and/or lift up to _____ time/weight

___ No use of the RIGHT or LEFT (CIRCLE ONE) _____ extremity

___ Patient is unable work at the present time.

Next Office Visit: _____ MMI/Discharge Date: _____ Estimated MMI: _____

Physicians Signature: _____ Date: _____ Time: _____

Physicians Address: _____

Physicians Phone Number: _____

SEND ALL MEDICAL BILLS TO QUALCARE INC. BOX 309 PISCATAWAY, NJ 08855