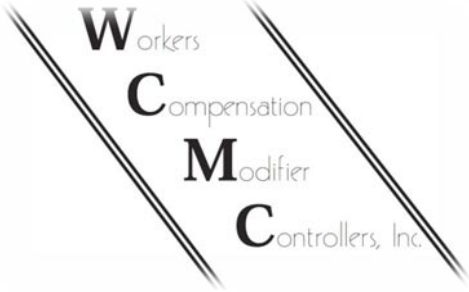


**7447 Fourth Street North  
Oakdale, MN 55128  
(651) 501-1490  
FAX (651) 501-1493**



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Oakdale, MN 55128  
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**EMPLOYMENT AUTHORIZATION AND CONSENT**

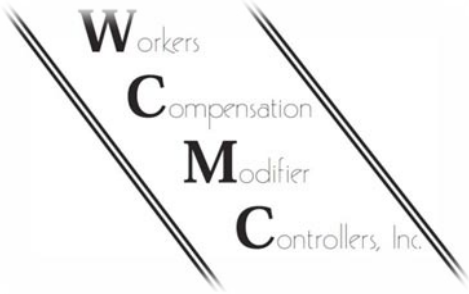
**TO:**

**RE:**

**SSN:**

**Please give Meridian Services and/or its agent WORKERS COMPENSATION MODIFIER CONTROLLER, INC., and/or \_\_\_\_\_ any and all information with respect to my employment with your company. This includes the examination of any and all of my personnel, attendance, sick leave, vacation days, wage records, employment application, and job descriptions and the copying thereof. I am willing that a photocopy of this Employment Authorization and Consent be accepted with the same authority as the original.**

**EMPLOYEE to sign**



**7447 Fourth Street North  
Oakdale, MN 55128  
(651) 501-1490  
FAX (651) 501-1493**

**AUTHORIZATION AND CONSENT TO RELEASE  
INSURANCE RECORDS AND INFORMATION**

**To:**

**Claimant:**

**SSN:**

**Insured:**

**Claim No:**

**I, the undersigned, agree to allow Meridian Services and or its agent Workers' Compensation Modifier Controllers, Inc ( WCMC) or any of their agents to review and photocopy any and all information contained in the claim file of the insurance company set forth above, including all payments made under said policy, re-release of any medical records, reports, letters and opinions from any and all medical or chiropractic providers, all statements of parties or witnesses, signed or unsigned, typed, handwritten or audio recorded, pleadings, State Workers' Compensation Forms, and discovery documents. This authorization will be good for a period of one (1) year from the date hereof. Furthermore, I agree that a photocopy of this authorization will have the same force and effect as the original.**

**EMPLOYEE to sign**

**NOTE:** WCMC is excluded from the definition of "health plan" in the privacy rules developed pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is not a covered entity. However, this authorization meets the core elements set forth in the HIPAA privacy rule, Section 164.508 (c).

**PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO:** **RE:**  
**DOB:**

This is your full and sufficient authorization, pursuant to Minn. Stat. § 144.291 - 144.298, to release to:

WCMC, Inc.  
7447 Fourth Street North  
Oakdale, MN 55128

Meridian Services/Zenith Services/  
Orion Associates  
9400 Golden Valley Rd Golden Valley,  
MN 55427

their representatives or employee, all medical information (including but not limited to that which involves treatment for alcohol or drug abuse, sickle cell anemia, or mental problems) maintained while I was a patient at your facility on any date, including: Physical Exam/Laboratory Data, History, Psychological Evaluation/MMPI, Psychiatric Evaluation, psychotherapy records, Medical Progress Notes, X-ray Reports, films, radiology studies, Continuum of Care Plan, or any other type of medical record, with the following exceptions:

\_\_\_\_\_.

This information is needed for the purpose of: **WORKERS' COMPENSATION LITIGATION.**

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization during the pendency of this proceeding (including claims and potential claims). I understand that protected health information to be disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and there may be a loss of protection under the Federal privacy rule or HIPAA.

I understand that I may revoke this consent in writing at any time, but that such revocation may adversely affect the course of the proceeding requiring these records and that revocation will not have any effect on the information released prior to notification of revocation. Upon the fulfillment of the above-stated purpose, this consent will automatically expire without my express revocation. A photocopy of this authorization will be treated in the same manner as an original. Conversations by the bearer of this authorization with physicians, however, are/are not (**strike one**) authorized by this release form.

**HIPAA privacy rules specifically allow covered entities to disclose protected health information as authorized and to the extent necessary to comply with law relating to workers' compensation programs. See 45 CFR 164.512 (1).**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Guardian

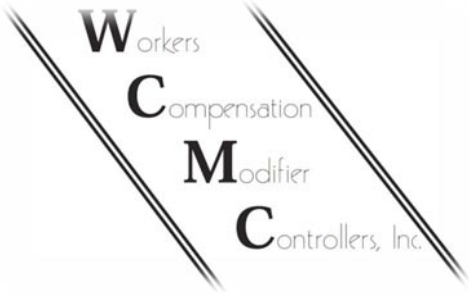
\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Reason Patient is Unable to Sign

I verify that the proceeding requiring this information is still pending and that information provided pursuant to this authorization will not be re-released for purposes not related to this proceeding. The patient's treatment, payment, enrollment or eligibility of benefits may not be conditioned on executing this authorization.

\_\_\_\_\_  
Signature of Party Requesting Information      Date

ATTENTION PUBLIC FACILITIES: **Minnesota Statute § 13.05 requires automatic expiration of this authorization one year from the date of authorization.** Form approved by Minnesota State Medical Association, Minnesota State Hospital Association, Minnesota State Bar Association, and Minnesota Association of Hospital Attorneys.



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Oakdale, MN 55128  
(651) 501-1490  
FAX (651) 501-1493**

**AUTHORIZATION FOR FILE REVIEW OR RELEASE OF COPIES OF WORKERS'  
COMPENSATION CLAIMS FILE**

**EMPLOYEE:**

**SSN:**

**DOI: ANY AND ALL**

**I hereby authorize, Meridian Services and/or its agent WORKERS COMPENSATION MODIFIER CONTROLLERS, INC., or their representative, \_\_\_\_\_, to review and/or obtain copies of any or all parts of the Minnesota workers' compensation claim file(s), for the date(s) of injury as indicated.**

**Information concerning disability may not be used to make a job decision unless state or federal law requires use of this information. Any use or distribution of this information beyond that authorized by the subject of this data unless authorized by state or federal law is prohibited. Questions concerning use of disability information may be directed to the Minnesota Department of Human Rights at (612) 296-5663 or toll-free in greater Minnesota at 1-800-652-9747.**

**EMPLOYEE to sign**

# Workers' compensation

## If you are injured

- Report any injury to your supervisor as soon as possible, no matter how minor it may appear. You may lose the right to workers' compensation benefits if you do not make a timely report of the injury to your employer. The time limit may be as short as 14 days.
- Provide your employer with as much information as possible about your injury.
- Get any necessary medical treatment as soon as possible. If you are not covered by a certified managed care organization (CMCO), you may treat with a doctor of your choice. Your employer must notify you in writing if you are covered by a CMCO.
- Cooperate with all requests for information concerning your claim.

The law allows the workers' compensation insurer to obtain medical information related to your work injury without your authorization, but they must send you written notification when they request the information.

The insurer cannot obtain other medical records unless you sign a written authorization.
- Get written confirmation from your doctor about any authorization to be off work. The note should be as specific as possible.

## Workers' compensation pays for

- Medical care for your work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income.
- Compensation for permanent damage to or loss of function of a body part.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer due to your work injury.
- Benefits to your spouse and/or dependents if you die as a result of a work injury.

## What the insurer must do

- The insurer must investigate your claim promptly. If you have been disabled for more than three calendar-days, the insurer must begin payment of benefits or send you a denial of liability within 14 days after your employer knew you were off work or had lost wages because of your claimed injury.
- **If the insurer accepts your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will notify you and must start paying wage-loss benefits within the 14 days noted above. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.
- **If the insurer denies your claim for wage-loss benefits and you have been disabled for more than three calendar-days:** The insurer will send notice to you within 14 days. The notice must clearly explain the facts and reasons why they believe your injury or illness did not result from your work or why the claimed wage-loss benefits are not related to your injury.

If you disagree with the denial, talk with the insurance claims adjuster who is handling your claim. If you are not satisfied and still disagree with the denial, **call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline at 1-800-342-5354.**

### Fraud

Collecting workers' compensation benefits you are not entitled to is theft. Call 1-888-372-8366 to report workers' compensation fraud.

### Insurer name and contact information



(651) 284-5032 • 1-800-342-5354 • [dli.workcomp@state.mn.us](mailto:dli.workcomp@state.mn.us) • [www.dli.mn.gov](http://www.dli.mn.gov)

Posting required by law in a location where employees can easily see this notice.

August 2017

# Minnesota workers' compensation system employee information sheet

## What does workers' compensation pay for?

- Medical care for the work injury, as long as it is reasonable and necessary.
- Wage-loss benefits for part of your lost income (there is a three-calendar-day waiting period before these benefits start).
- Benefits for permanent damage or loss of function of a body part.
- Benefits to your spouse and/or dependents if you die of a work injury.
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer.

## How are workers' compensation benefits paid?

Your workers' compensation benefits are paid by an insurance company or your employer, if your employer is self-insured. State law sets the benefit levels. Note: Pursuant to statute, the insurer can obtain medical information specific to your work injury without your authorization.

### If the insurer *accepts* your claim for wage-loss benefits and you have been disabled for more than three calendar days:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating your claim is accepted.
- The insurer must start paying wage-loss benefits within 14 days of the date your employer knows about your work injury and lost wages. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paychecks.

### If the insurer *denies* your claim for wage-loss benefits:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reasons why the insurer believes your injury or illness did not result from your work.
- If you disagree with the denial, you should talk with the insurance claims adjuster who is handling your claim. Your employer's insurance company can answer most questions about your claim.

Insurer name:

Phone:

- If you are not satisfied with the response you receive from the insurer and still disagree with the denial, you should contact the Department of Labor and Industry at one of the numbers listed below.

If you have other questions or need more help, call the Minnesota Department of Labor and Industry's Workers' Compensation Hotline. Your call will be answered by experienced workers' compensation specialists, who will provide instant, accurate information and assistance.

Twin Cities and southern Minnesota: 651-284-5005 or 800-342-5354  
Duluth and northern Minnesota: 218-733-7810 or 800-342-5354

Additional information is available at [www.dli.mn.gov/workers/workers-compensation-workers](http://www.dli.mn.gov/workers/workers-compensation-workers).

# Meridian Services

## Preferred Clinics for Work Related Injuries

### Twin Cities Area

#### **GENERAL HEALTH:**

-PARK NICOLLET CLINIC – BROOKDALE 6000 Earle Brown Drive Brooklyn Center, MN 55429-3359	<b>952-993-4900</b>
-ALLINA MEDICAL CLINIC – CHAMPLIN 11269 Jefferson Highway Champlin, MN 55316	<b>763-236-0600</b>
-ALLINA MEDICAL CLINIC – COON RAPIDS 9055 Springbrook Drive Coon Rapids, MN 55433	<b>763-780-9155</b>
-ALLINA MEDICAL CLINIC – COTTAGE GROVE 8611 W. Pt. Douglas Rd. S. Cottage Grove, MN 55016	<b>651-458-1884</b>
-ALLINA MEDICAL CLINIC – EAGAN 1110 Yankee Doodle Road Eagan, MN 55121	<b>651-454-3970</b>
-ALLINA MEDICAL CLINIC – EDINA 7500 France Ave. S. Edina, MN 55435	<b>952-835-1311</b>
-PARK NICOLLET CLINIC – GOLDEN VALLEY 8240 Golden Valley Drive Golden Valley, MN 55305	<b>952-993-8300</b>
-ALLINA MEDICAL CLINIC – ISLES 2800 Hennepin Ave. Minneapolis, MN 55408	<b>612-775-4800</b>



-PARK NICOLLET CLINIC – MINNEAPOLIS 2001 Blaisdell Ave. S. Minneapolis, MN 55404	<b>952-993-8000</b>
-PARK NICOLLET CLINIC – MAPLE GROVE 15800 95 <sup>TH</sup> Ave. N. Maple Grove, MN 55369	<b>952-993-1440</b>
-ALLINA MEDICAL CLINIC – MAPLE GROVE 13986 Maple Knoll Way Maple Grove MN 55369	<b>763-236-0200</b>
-PARK NICOLLET CLINIC – MINNETONKA 1511 Twelve Oaks Center Dr. Minnetonka, MN 55305	<b>952-993-4500</b>
-ALLINA MEDICAL CLINIC – PLYMOUTH 2855 Campus Drive Suite 400 Plymouth, MN 55441	<b>763-557-7400</b>
-PARK NICOLLET CLINIC – PLYMOUTH 3007 Harbor Lane N. Plymouth, MN 55447	<b>952-993-8900</b>
-ALLINA MEDICAL CLINIC – RAMSEY 5300 Alpine Drive NW Ramsey, MN 55303	<b>763-236-0000</b>
-PARK NICOLLET CLINIC – SAINT LOUIS PARK 3800, 3850, 3900 Park Nicollet Blvd. Saint Louis Park, MN 55416	<b>952-993-3512</b>
-ALLINA MEDICAL CLINIC – SHOREVIEW 4194 North Lexington Ave. Shoreview, MN 55126	<b>651-483-5461</b>
-ALLINA MEDICAL CLINIC – WEST ST. PAUL 150 East Emerson Ave. West St. Paul, MN 55118	<b>651-241-1800</b>

**OCCUPATIONAL HEALTH SPECIALISTS:**

-COLUMBIA PARK MEDICAL GROUP – BROOKLYN PARK **763-572-5700**

Dr. Meyer  
10000 Zane Ave. N.  
Brooklyn Park, MN 55443

-HEALTH PARTNERS REGIONS HEALTH CLINIC **651-254-3456**

640 Jackson Street  
St. Paul, MN 55101

-MN OCCUPATIONAL HEALTH – ST. PAUL **651-842-5300**

1661 St. Anthony Ave. 2<sup>nd</sup> floor  
St. Paul, MN 55104

-TWIN CITIES OCCUPATIONAL HEALTH **651-224-8264**

Dr. Kemper  
2520 Pilot Knob Road Suite 250  
Mendota Heights, MN 55120

**HAND INJURIES:**

-DOWNTOWN ST. PAUL HAND CLINIC **651-842-5200**

Ritchie Medical Plaza  
310 N. Smith Ave. Suite 370  
St. Paul, MN 55102

-PARK NICOLLET CLINIC – MEADOWBROOK **952-993-3123**

6490 Excelsior Blvd.  
St. Louis Park, MN 55426

-TRIA ORTHOPEDIC CENTER CLINIC **952-831-8742**

8100 Northland Drive  
Bloomington, MN 55431

**BACK INJURIES:**

-PHYSICIANS NECK/BACK CLINICS – COON RAPIDS **763-862-6939**

3440 129<sup>TH</sup> Ave. NW  
Coon Rapids, MN 55448

-PHYSICIANS NECK/BACK CLINICS – MAPLE GROVE      **763-416-1353**  
11671 Fountains Drive Suite 200  
Maple Grove, MN 55369

### **Saint Cloud Area**

#### **GENERAL HEALTH:**

-ABBOTT NORTHWESTERN MEDICAL ASSOCIATES      **320-534-2600**  
2000 Abbott Northwestern Court  
Sartell, MN 56303

#### **HAND INJURIES:**

-MIDSOTA PLASTIC SURGEONS      **320-253-7257**  
3701 12<sup>TH</sup> Street N. Suite 100  
St. Cloud, MN 56377

### **Buffalo Area**

#### **GENERAL HEALTH:**

-ALLINA MEDICAL CLINIC – ANNANDALE      **320-274-3744**  
440 Elm Street East  
Annandale, MN 55302

-ALLINA MEDICAL CLINIC – BUFFALO      **763-682-5225**  
303 Caitlin Street  
Buffalo, MN 55313

### **Elk River Area**

#### **GENERAL HEALTH:**

-ALLINA MEDICAL CLINIC – ELK RIVER      **763-236-0555**  
Elk Ridge Health  
14181 Business Center Dr. NW  
Elk River, MN 55330

-ALLINA MEDICAL CLINIC – ST. MICHAEL      **763-744-4000**  
4300 Edgewood Dr. NE  
St. Michael, MN 55376