# WORKER'S COMPENSATION

Panorama Worker's Compensation Program is commited to assisting injured workers in getting back to work & normal everyday activities quickly and safely.

We Offer:

- ✓ Quick and pain-free scheduling process;
- $\checkmark$  Multiple locations for patient convenience;
- $\checkmark$  Quality care with a personal touch;
- $\checkmark$  Timely responses to questions and concerns;

Our caring and qualified work comp team works closely with the patients to ensure their treatment at Panorama is as stress free as possible. They treat each patient as an individual according to their specific needs.

### Panorama Work Comp Team

### Heather Jones Scheduling, Referrals & Authorizations

Amy Patti Insurance Billing & Insurance Collections

## WANT TO REACH THE WORK COMP TEAM?

**Worker's Compensation Direct Line - 720-497-6131** Fax: 720-497-6714 E-mail: workcomp@panoramaortho.com

### Locations

Golden 660 Golden Ridge Rd Suite 250 Golden, CO 80401

HIghlands Ranch 1060 Plaza Drive Highlands Ranch, CO 80129 Denver Tech Center 5570 DTC Pkwy Suite 200 Greenwood Village, CO 80111

Centennial 14000 E Arapahoe Rd Suite 290 Centennial, CO 80112 Westminster - 84th 8510 N Bryant St Suite 120 Westminster, CO 80031

Westminster - 144th 500 W 144th Ave Suite 120 Westminster, CO 80023



PanoramaOrtho.com

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## FREQUENTLY ASKED QUESTIONS

- Q: What can I expect during my 1st visit?
- A: The provider will:
- ✓ Review medical history, including causation of current injury;
- ✓ Order new/different tests if necessary;
- ✓ Discuss your treatment options;
- $\checkmark$  Answer all of your questions;

Q: How does my WC Primary Care Physician, Adjuster and/or Nurse Case Manager know what is happening with my treatment?

A: We strive to send notes out within 24-48 hours after each visit or procedure.

### Q: How long will it take before I hear from someone about my next visit or the next step?

A: This will depend on the treatment recommendations made at your first visit:

✓ If imaging, tests, injections or surgery was recommended the authorization process will be started immediately following your visit (this process usually takes 10-15 business days total);

✓ During your visit orders are entered in the system and sent to be reviewed by trained coders to assure information is accurate (1-2 business days);

✓ The office visit notes and treatment order are then sent to the insurance/adjuster for authorization. (7-10 business days);

✓ After the authorization or denial is received it is forwarded to the appropriate scheduling or doctor's team to contact the patient, either to schedule or discuss other options, if recommended treatment is denied.

### Q: Who is my best contact for updates and questions?

A: Please contact our work comp team directly for an up-to-date and faster response:

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