

(QRC Firm letterhead)

Employee Name: _____
WID/SSN: _____
Date(s) of Injury: _____
Assigned QRC or QRC Intern: _____

Referral Source: _____

DISCLOSURE OF AFFILIATIONS AND/OR RELATIONSHIPS

I am required to disclose to you any ownership interest or affiliation between the qualified rehabilitation consultant (QRC) firm which employs me and the employer, insurer, adjusting or servicing company (also known as a third party administrator/TPA) and the nature and extent of that relationship.^{1 2} Please check one of the following:

- None. The QRC firm that employs me has no affiliation, business referral or other arrangement with any of the parties.
- Yes. The QRC firm that employs me has an affiliation, business referral or other arrangement with one or more of the following parties as indicated below:

Insurance Company. _____ ownership interest, affiliation. The nature and extent of that relationship is:

Adjusting/Service Company/Third Party Administrator (TPA). _____ ownership interest, affiliation. The nature and extent of that relationship is:

Your Date of Injury Employer. ownership interest, affiliation. The nature and extent of that relationship is:

¹ “Ownership interest” includes, but is not limited to any partnership or holding, subsidiary, or corporate relationship as well as ordinary interest. Minn. R. 5220.1803., subp. 1a, and Minn. Stat. §176.102, subd. 4(c). Rehabilitation providers are required to maintain separate roles and functions from claims agents. Minn. R. 5220.1801, subp. 8A.

² “Business referral” means any referral arrangement, whether documented or not. Minn. 5220.1803, subp. 1a, and Minn. Stat. §176.102, subd. 4(c). This includes certified managed care organizations and other managed care contracts or arrangements.

I am also required to disclose any affiliation, business referral or other arrangement (whether documented or not) between me or this QRC firm and any other party, including your employer, attorney or health care provider involved in this case.³ Please check one of the following:

- Neither I nor the QRC firm that employs me have any affiliation, business referral or other arrangement with any of the parties.
- Yes, I have an affiliation, business referral or other arrangement with one or more of the parties as indicated below.
- Yes, the QRC firm that employs me has an affiliation, business referral or other arrangement with one or more of the following parties as indicated below.

Insurance Company. _____ affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Adjusting/Servicing Company/Third Party Administrator (TPA). _____ affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Your Date of Injury Employer. affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Health Care Provider(s). _____ affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Employer/Insurer Attorney(s). affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Employee Attorney(s). affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

Other: _____ affiliation, contractual relationship, business referral, or other arrangement. The nature and extent of that relationship is:

QRC or QRC Intern Signature and #

Date

QRC Intern Supervisor Signature and #

Date

³ “Business referral” means any referral arrangement, whether documented or not. Minn. 5220.1803, subp. 1a, and Minn. Stat. §176.102, subd. 4(c). This includes certified managed care organizations and other managed care contracts or arrangements. Rehabilitation providers are required to maintain separate roles and functions from claims agents. Minn. R. 5220.1801, subp. 8A.

Examples of relationships that must be disclosed:

1. The Insurer owns both a QRC firm and a third party administrator (TPA). The Insurer sends a file to the TPA, who in turn refers it to a QRC to provide rehabilitation services. The QRC should disclose the relationship between the insurer, TPA and QRC firm.
2. The employer is self-insured and uses an insurer or TPA to administer its workers compensation claims. The QRC receives referrals from the insurer/TPA. The QRC should disclose that their firm has a business referral arrangement with either the self-insured employer or the Insurer/TPA.
3. The QRC is working for a firm that is both a QRC firm and a certified managed care organization (CMCO) that is providing rehabilitation and medical services to the employee. The QRC should disclose the relationship between the two entities.
4. A parent or holding corporation owns both a QRC firm and an Insurer or TPA (that referred the rehabilitation file to the QRC). The QRC should disclose the relationship between Insurer/TPA and QRC firm.
5. The QRC or QRC firm performs workers' compensation claims related services in states outside of Minnesota for the Insurer/TPA involved in the employee's claim. The QRC should disclose that claims related services are being performed for the Insurer in other states.
6. The QRC is employed by a TPA. If that TPA has a business referral relationship with the date of injury Insurer, the QRC should disclose that relationship.
7. The QRC is considered to be a preferred rehabilitation provider for an organization. The QRC should disclose this arrangement, whether or not a formal contract exists between the QRC and the referring organization.
8. The QRC's spouse is an attorney and that attorney is either representing the employee or the Employer/Insurer on the current claim. The QRC should disclose this information.