



Vocational Rehabilitation Closure Report - Addendum

The BWC disability management coordinator and/or the managed care organization (MCO) use(s) this form when there is a difference of opinion with the field case manager's justification for closure.

Injured worker name (Last)	(First)	(M.I.)
Claim number	Date of rehab closure	

MCO justification for closure:

BWC disability management coordinator justification:

MCO representative signature	Date	Phone number
------------------------------	------	--------------

BWC disability management coordinator signature	Date	Phone number
---	------	--------------