



# Intercare Holdings Insurance Services, Inc.

Alternative Insurance Management Specialists

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## PERMANENT WORK RESTRICTION (BASED ON SETTLEMENT DOCUMENT)

<<TODAY>>

County of Los Angeles <<LOC\_NAME>>  
Return to Work Coordinator  
<<LOC\_STREET>>  
<<LOC\_CITY\_ST\_ZIP>>

RE: Employee: <<FIRST\_LAST\_NAME>>  
Employee #: <<EMP\_NO>>  
Claim No: <<CLAIM\_NO>>  
Dept#/Name: County of Los Angeles, <<LOC\_NAME>>  
Date of Injury: <<DOI>>

The above employee's Workers' Compensation claim has been settled and a permanent disability rating has been assigned.

Based on the award dated \_\_\_\_\_, the employee's permanent work restrictions are:

\*\*\*\*\*List Specialty for the Doctors\*\*\*\*\*

The above permanent work restrictions are established on the medical and related data upon which this rating was based. Their purpose is to prevent further injury to the employee and minimize additional County liability. These restrictions should be strictly observed on any and all assignments to avoid aggravation of the existing disability, re-injury or creation of a hazard for other employees.

Please schedule an interactive meeting with the employee to determine whether or not he/she can return to their usual and customary job with or without a reasonable accommodation.

Sincerely,

<<EX\_NAME>>  
<<EX\_TITLE>>  
<<EX\_PHONE>>

cc: <<FIRST\_LAST\_NAME>>  
<<APPL\_ATTYS\_NAME>> <<APPL\_ATTYS\_STREET>> <<APPL\_ATTYS\_CITY\_ST\_ZIP>>  
<<DEF\_ATTYS\_NAME>> <<DEF\_ATTYS\_STREET>> <<DEF\_ATTYS\_CITY\_ST\_ZIP>>

Enclosure: Insert type of settlement document, Order date, in this section