

Attending Physician First Report

Patient/Member Information			
Name (printed)		Email	Phone
Home address			
City		State	Zip
<input type="checkbox"/> Fire	<input type="checkbox"/> Police	Job title	
Type of injury	<input type="checkbox"/> New injury	<input type="checkbox"/> Recurrence	<input type="checkbox"/> Unknown
<input type="checkbox"/> Change of attending physician notice			
Last date worked		Injury date and time	
Health insurance company name/phone number			
Primary care provider name		Claim number (if known)	
Phone number		First medical treatment date	
Brief description of injury			

I hereby affirm the above information is true to the best of my knowledge and belief. I acknowledge that my signature on this report authorizes medical providers and other custodians of claim records to release relevant medical records.

Signature _____ Print name _____ Date _____

Physician/Medical Provider Information		
<i>Medical Providers: Members of the Bureau of Fire and Police Disability and Retirement (FPDR) are exempt from Oregon Workers' Compensation ORS 656. This form is used in lieu of the Oregon WC form 827.</i>		
Member reported symptoms and complaints		
Objective findings		
Assessment / Current diagnosis		
Treatment plan (frequency and duration)		
First treatment (date and time)	Medically stationary? <input type="checkbox"/> Yes, date <input type="checkbox"/> No, anticipated date	Next appointment date
Work ability status <input type="checkbox"/> Regular work (job at injury) authorized start (date) <input type="checkbox"/> Time loss or light duty authorized? If yes, complete the Work Status Report (WSR) form		
Physician name (Print name with professional designation MD, DO, DPM, DC, other)		
Physician signature		Date
Physician/Provider address		
Physician/Provider phone		Physician/Provider fax

Please give a copy of this form to the member and FAX a copy to FPDR at 503-823-5166. Attach chart notes to this form.

[Information for Member and Health Care Providers on back](#)



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Instructions for Member and Health Care Providers

Member Instructions

- 1 Complete the Patient/Member Information section of this form in its entirety.
- 2 Please sign where indicated, print your name, and date the form.
- 3 Give the form to your doctor, urgent care or emergency department doctor/provider for completion of their portion of the form.
- 4 Please ask the doctor to fax the form to FPDR at 503-823-5166.

Provider Instructions

The Bureau of Fire and Police Disability and Retirement (FPDR), as established in Chapter 5 of the Charter of the City of Portland, Oregon is a **workers' compensation type of a plan, not a health plan**. The City of Portland's sworn police officers and firefighters are exempt from coverage by the Oregon Workers' Compensation system. The FPDR Plan is a disability system similar to it.

- 1 Please complete the Physician/Medical Provider Information in its entirety.
- 2 Attach available chart notes.
- 3 If there is time loss, please complete the **Work Status Report**.
- 4 Sign and date the Attending Physician First Report (APR) form.
- 5 Fax the APR form to FPDR at 503-823-5166 or email the form to fpdr@portlandoregon.gov.

Notice to Chiropractors

Under the FPDR Plan, Chiropractors licensed by the State Board of Chiropractic Examiners for the State of Oregon, can act as an Attending Physician for a period of thirty (30) days from the first visit on the initial claim or for twelve (12) visits, whichever first occurs.

Pended Claims - Coordination of Benefits for Moda Health Plan Members

The Bureau of Fire and Police Disability and Retirement (FPDR) and Moda Health Plan, have a Coordination of Benefits arrangement to ensure that medical treatment is not delayed while FPDR is reviewing a claim to determine a member's entitlement to benefits under this plan.

You must notify Moda Health of the planned procedure and follow any required pre-certification instructions prior to proceeding with treatment. We suggest that you proceed with whatever treatment you and your patient decide is in their best interest and is also in compliance with their group health policy in the event treatment is denied by FPDR.

If you have any questions about the form or instructions, please call FPDR at 503-823-6823.

