

Delay-in-Decision Worksheet

Injured: _____ 90th Day: ____/____/____

ACM Initial Review (initial & date) _____ ACM 60 Day Review (initial & date)

DID Letter Sent: (date) ____/____/____

Investigation Ordered: (date) ____/____/____
Received:

Investigation

Copy Service Request for Medical Records sent:
Received:

Records

2nd Request for Medical Records Sent:
Received:

Records

Doctor Appointment: Doctor:

Phone:

Date and Time:

Cover Letter Dictated: (date) ____/____/____

Cover Letter sent: (date) ____/____/____ Doctor's report received: (date)
____/____/____

Decision- ☺

Notes:
