LLOYD D. TEETERS, CHIEF
DIV. OF COMPENSATION
H. H. DORR, M. D.
CHIEF MEDICAL EXAMINER

[redacted]

DUSTRIAL COMMISSION OF (
COLUMBUS

RE CLAIM NO. O.D.10134

1

Apr.16-1934.

We regret to inform you that your bill as submitted cannot now be approved in full for the reason checked below. It is possible that you have failed to explain all the details in connection with the case. If so, the approval is subject to revision. The fee schedule (and rules governing the same) is used as a guide in approving bills. It is the Commission's desire to pay a fair average fee in all compensable claims.

(DISREGARD ALL ITEMS NOT CHECKED.)

- ☐ First aid charge in excess of schedule rate.
- ☐ Charge for office, house or hospital calls in excess of schedule rate.
- ☐ Bill approved on flat rate basis. (See schedule.)
- ☐ Special fees in eye injuries are paid only to physicians who limit their practice to eye, ear, nose and throat work. You do not state on your bill that your practice is so limited.
- ☒ X-ray print (or film) and interpretation is not on file. (See Rules on X-ray.)
- ☐ Hospital bill approved at contract rate.
- ☐ The proof, including your report, is not complete enough to justify the approval of fees for such frequent attention as shown on your bill.

4-22-34

Bill submitted $.....

Approved for payment $.....

Your bill is approved except for X-ray for which we should have prints. Please send them when we will consider payment.

Very truly yours,

THE INDUSTRIAL COMMISSION OF OHIO.

MED. 5—5M—4-33.

NOTE: A copy of the fee schedule will be mailed on request.

IN REPLYING, ALWAYS GIVE CLAIM NUMBER.

KF 001664