



WI WORKER'S COMPENSATION

1 - 5 PM THURSDAY, DECEMBER 7, 2017

HOLIDAY INN AMERICAN CENTER, MADISON

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3 WAYS TO REGISTER - ONLINE WWW.WICHIRO.ORG • SUBMIT THIS FORM BY MAIL OR FAX 608-256-7123 • CALL 608-256-7023
FIND A COMPLETE LIST OF CLASS DESCRIPTIONS, DATES, LOCATIONS, CE INFORMATION & UPDATES AT WWW.WICHIRO.ORG

COURSE DESCRIPTION

Chiropractors in Wisconsin are full participants in our state's Workers Compensation system, acknowledged to be one of the best in the U.S. However, it is a proprietary system, and has little known rules and conventions that must be navigated. In this course, you will learn: referral protocol and will understand the Wisconsin Treatment Guidelines, including how to:

- effectively and properly dispute unpaid claims
- fill out required WC paperwork properly
- communicate work restrictions to employers
- petition for a fee review
- file a necessity of treatment dispute resolution
- assess and communicate temporary partial disability
- assess and assign permanent partial disability.

INSTRUCTOR BIO

Jeffrey M. Wilder, DC, FACO, CCSP, FICA

Dr. Wilder has been a leader in chiropractic for over 30 years, and was President of WCA from 1991- 1997. He served as Chairman of the WCA Workers Compensation Committee for many years. He has served as an Expert Peer Reviewer to the Department of Workforce Development, and has represented WCA to the State Legislature during hearings on Workers Compensation.

Holiday Inn American Center

5109 W Terrace Dr, Madison, WI 53718 (608) 249-4220

REGISTRATION FEES

	MEMBER /	NON-MEMBER
Special Early Rate (until Nov 30)	\$105	\$185
Standard Rate (after Nov 30)	\$125	\$205

REGISTRATION FEES INCLUDE WORKER'S COMP RESOURCE BOOK AND ALL MATERIALS

REGISTRATION GUIDELINES

PRE-PREGISTRATION is highly recommend; you may register on-site only if space is available.

REFUNDS, less \$15 administrative fee, until 7 days before event. 50% refund 2-6 days before event. No refund day before or day of event.

FOR THOSE RECEIVING FREE CE, OR USING CE CREDITS No fee to cancel 7 or more days before event. \$25 fee to cancel 2-6 days before event. \$50 fee to cancel day before, day of event, and for no-shows.

Contact us at 608-256-7023 or awmurray@wichiro.org with questions.

ATTENDEE INFORMATION

ONE ATTENDEE PER FORM PLEASE

First & Last Name _____ WCA Member? Y N

Clinic/Company _____ Address _____

City _____ State _____ Zip _____

Email (required for confirmation) _____ Phone with area code _____ - _____ - _____

PAYMENT INFORMATION

TOTAL DUE

Payment Method: Visa Mastercard Discover Check: Payable to WCA

\$

Credit Card # _____ Expiration _____ / _____

Name on Card _____ CVV Code _____

Billing Address on Card _____

- FOR OFFICE USE ONLY -


Return To:
 Wisconsin Chiropractic Association
 521 E. Washington Ave., Madison, WI 53703
email awmurray@wichiro.org
phone 608.256.7023 • **fax** 608.256.7123

Date Received _____ Associate Member YES NO

Total Paid _____ Credit Match CE _____

CC Auth _____ Check # _____