

# Hansen Rehabilitation Services, Inc.

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May 15, 2008

Jessica Fraser  
Corporate Management Group/Suzlon  
1711 South Highway 75  
Pipestone, MN 56164

RE: Tammy Gehm  
DOI: 12/13/2006

Dear Jessica:

As you will remember, Tammy Gehm was put into job placement services when you were not able to provide permanent work within her restrictions. She was able to subsequently secure employment at the Comfort Inn in LuVerne, Minnesota where she has been working successfully.

I am now closing out my file for rehabilitation services and I have enclosed a copy of the Minnesota R-8 form to that effect.

Please contact me if you have any questions.

Sincerely,



Diane Hansen CRRN CCM  
Qualified Rehabilitation Consultant #297

enc.

Mail completed copy to:

Department of Labor and Industry  
443 Lafayette Road North  
St. Paul, MN 55155  
(651) 284-5030 or  
1-800-342-5354 (DIAL-DLI)

# R-8 Notice of Rehabilitation Plan Closure



Enter dates in MM/DD/YYYY format.

DO NOT USE THIS SPACE

1. DATE OF REHABILITATION CONSULTATION: (#27 on R-2) 04/25/2007					
2. SOCIAL SECURITY NUMBER 503-84-5862		3. DATE OF INJURY 12/13/2006	8. QRC NAME DIANE HANSEN		
4. EMPLOYEE NAME TAMMY GEHM			9. ADDRESS P.O. BOX 211		
5. DATE-OF-INJURY EMPLOYER CORPORATE MANAGEMENT GROUP			CITY MAPLE GROVE		STATE ZIP CODE MN 55369
6. INSURER/SELF-INSURER/TPA AIG CLAIMS SERVICE			10. QRC NUMBER 297	11. QRC FIRM # 5154	12. QRC PHONE # (320) 239-2240
7. INSURER CLAIM NUMBER 709-419983			13. NAME OF LAST REGISTERED REHAB VENDOR BRENT LARSON		14. VENDOR # 1030
15. EMPLOYMENT STATUS AT PLAN CLOSURE (check one) <input type="checkbox"/> a. Employee RTW with DOI employer <input checked="" type="checkbox"/> b. Employee RTW with different employer <input type="checkbox"/> c. Employee not employed (Skip to item 21)			21. REASON FOR REHABILITATION PLAN CLOSURE (check one) (see instructions on back) <input checked="" type="checkbox"/> a. Plan completed (employee returned to suitable gainful employment) <input type="checkbox"/> b. Award on Stipulation/Mediation <input type="checkbox"/> c. Commissioner or Compensation Judge Order <input type="checkbox"/> d. Employee and insurer have agreed to close the plan <input type="checkbox"/> e. Unable to locate employee <input type="checkbox"/> f. Death of employee <input type="checkbox"/> g. QRC withdrawal		
COMPLETE #16-20 IF EMPLOYEE RETURNED TO WORK					
16. EMPLOYER AT PLAN CLOSURE COMFORT INN					
17. JOB TITLE AT PLAN CLOSURE FRONT DESK					
18. Gross weekly wage at RTW \$208.00		19. RTW DATE 10/12/2007	22. Did employee have an attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23. PLAN CLOSURE DATE 05/15/2008
20. RETURN TO WORK JOB: <input type="checkbox"/> Same job <input type="checkbox"/> Modified job <input checked="" type="checkbox"/> Different job			24. Check if services provided: <input type="checkbox"/> On-the-job training <input type="checkbox"/> Retraining		
25. Cost of prior QRC Firm services other than placement					\$
26. Cost of current QRC Firm services other than placement					\$ 13,603.00
27. Cost of any job placement and job development provided by prior QRC Firm					\$
28. Cost of any job placement and job development provided by current QRC Firm					\$
29. Cost of job placement and job development by Registered Rehabilitation Vendor(s) (including CARF accredited)					\$ 2,527.00
30. Cost of other rehabilitation services (retraining, on-the-job training, relocation, testing, etc.)					\$
31. Total cost of rehabilitation services (add 25-30)					\$ 16,130.00

By signing this form, I certify that copies of this form and attachments are being sent to the insurer, any attorney(s), the Department of Labor and Industry, and if required to the VRU, and to the employee at the following address:

32. QRC signature <i>Diane Hansen CRNCCM QRC # 297</i>		33. Date form completed 05/15/2008	
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EMPLOYEE: IF YOU HAVE QUESTIONS ABOUT THE CLOSURE OF THIS REHABILITATION PLAN, CALL THE DEPARTMENT OF LABOR AND INDUSTRY AT 651-284-5032 OR 1-800-342-5354