



### Workers' Compensation Policy

If you are here because of a work related injury, we will require information regarding your employer's Workers' Compensation insurance. Before seeing a doctor, we will require a letter or statement from your Workers' Compensation carrier authorizing your treatment. The letter should include the claim number, address, adjuster's name and phone number. Your employers human resources office should be able to help you in obtaining this information.

Patient Name: \_\_\_\_\_

Injury Date: \_\_\_\_\_ State injury occurred: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer address: \_\_\_\_\_

Insurance name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance address: \_\_\_\_\_

Claim number: \_\_\_\_\_ Adjustor's name: \_\_\_\_\_

Adjustor's phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Adjustor's email address: \_\_\_\_\_

We require a credit card be placed in your file and if payment is not received from these third parties within 30 days, we have the right to bill you directly.

Credit card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date