



Prairie Path

Foot & Ankle Clinic

136 W Vallette St. ~ Suite 2 Elmhurst, IL 60126 630.834.3668 www.elmhurstfootdoc.com
Physicians and Surgeons of the Foot and Ankle
Dr. Misty McNeill ~ Dr. Saera Arain-Saleem ~ Dr. Lauren Doyle

Worker's Compensation Form

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 employer's human resources office should be able to help you in obtaining this information.

Patient Name: _____ SS#: _____
Injury Date: _____ State Injury Occured: _____
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: _____

I understand that I will be fully responsible for the balance on my account if payment is not received from these third parties within 30 days.

Patient Signature: _____ Date: _____

This form must be filled out in full prior to being seen by the doctor. If unable to obtain information prior to your appointment, we are happy to see you, however you would be responsible for payment in full at that time.