

Worker's Compensation Insurance Information

This information needs to be completed and verified before we will accept assignment of benefits for your case. The charges for services you receive are always your responsibility. We will file your claims for you as long as we have all the correct information prior to the rendering of services. We will accept assignment of benefits once coverage has been verified, however your account balance remains your responsibility if your insurance does not pay in a timely manner, if insurance does not cover the full balance or maximum benefits are reached. We do not hold account balances until the case is closed or during litigation.

Patient Name: _____

Patient Address: _____

Patient Phone #: _____

Alternate Phone# _____

Date of injury: _____

Company you were injured at:: _____

Contact person & their title: _____

Phone #: _____

Worker's Comp Insurance Company: _____

Insurance Claim Number: _____

Insurance adjuster: _____

Phone #: _____

Fax #: _____

Claims submission address: _____

ATTENTION: _____

Can claims be submitted by fax#? If yes, fax #: _____