☐ Workers Compensation Visit ☐ Auto Accident Visit

Patient Name ____ Social Security #_______/______/____________

Patient Date of Birth ______/______/________

Office Location ____

Claim # ________________________ Date of Injury _____________

State in which injury occurred ____

Auto Accident Only – Patient was ☐ Driver or ☐ Passenger

Employer ____

Employer Contact____________________________________ Employer Phone #_____________________________

Employer Address____

Insurance Carrier

Insurance Contact____ ___ Insurance Phone #_

Insurance Address____

Body part affected by injury (please list all involved)

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HISTORY OF INJURY (Initial Visit Only)

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PHYSICIAN ASSESSMENT

Are findings consistent with reported work injury/auto accident? ☐ YES ☐ NO

Comments____

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DIAGNOSIS

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AUTHORIZATION

We are unable to file your claim unless you have provided all of the requested information. If you do not have the information at the time of your visit, contact your employer and request that they provide the requested information to you. Once the information has been provided to our Billing Department, we will file your claim. Please Note: Until the required information has been provided, we will bill the patient directly.

I understand that it is my responsibility to provide St. Elizabeth Physicians/St. Elizabeth Physicians Services with the above requested information in order to file my Workers Compensation and/or Auto claim. If I fail to do so, I understand that I will be responsible for the bill. Furthermore, I hereby authorize any treating physician and/or treatment facility to disclose any information regarding this incident to my employer and worker compensation claims representative, and hereby releases the physicians and treatment facility from any liability arising from such disclosure. I fully understand the instructions above and acknowledge receipt of a copy.

______________________	______________________	__________	______________________
Patient Signature	**Patient Phone #**	**Date**	**Physician Signature & Date**

WrkComp/AutoClaim revised 08/24/10qej