

## Worker's Compensation Intake

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.A.: \_\_\_\_\_

### **Please bring with you:**

A copy of the Incident Report (if you have it), and your driver's License,

Have you spoken to an attorney about this case? \_\_\_ Yes \_\_\_ No

If so, please give name of the attorney: \_\_\_\_\_

Phone# \_\_\_\_\_

### **NOTE: Before we can schedule your appointment we will have to have the following:**

- ❖ Please print, sign and have your attorney sign the medical lien agreement
- ❖ Ask your attorney for a Letter of Representation

Did you file a claim with the workers comp carrier? \_\_\_ Yes \_\_\_ No

Are you covered through your employer's insurance? \_\_\_ Yes \_\_\_ No

Policy or plan number: \_\_\_\_\_

Limits of coverage: \_\_\_\_\_ Adjuster's name: \_\_\_\_\_

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

Claim number \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

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

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_