

Montefiore

WORKERS COMPENSATION INSURANCE FORM

PATIENT INFORMATION

NAME: _____

SS#: _____

ADDRESS: _____

BIRTHDATE: _____

PHONE #: _____

EMPLOYMENT INFORMATION

EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE #: _____

DATE OF INJURY: _____

HOW DID INJURY OCCUR? _____

LIST PARTS OF BODY INJURED (PLEASE STATE: RIGHT OR LEFT):

WORKERS COMPENSATION INSURANCE CO. INFORMATION

INSURANCE CO. NAME: _____

CONTACT: _____

ADDRESS: _____

PHONE #: _____

CC#: _____

LEGAL REPRESENTATIVE: _____

WCB#: _____

PHONE# _____

ADDRESS: _____

AUTHORIZATION

I hereby authorize **MMC Orthopaedics** to release information obtained during the course of my examination and treatment to my authorized worker's compensation insurance carrier for the above-described injury. I hereby assign payment directly to **MMC Orthopaedics** for any medical services rendered. I understand that I am responsible for payments for all services rendered and any associated costs for collection should such action become necessary if worker's compensation coverage were denied for any reason. I agree that this authorization shall be valid until rescinded in writing or replaced by one of a later date. A photocopy of this assignment shall be considered as valid as the original. I have read the above and fully understand the terms thereof:

Signature: _____

Date: _____

I hereby authorize **MMC Orthopaedics** to release information to anyone requesting information in regard to my worker's compensation claim over the telephone and identifying themselves as a representative of my worker's compensation carrier.

Signature: _____

Date: _____

I certify that the information given by me in regard to worker's compensation is correct. To the best of my knowledge, the claim is active at the time of signature. I also understand that I may be responsible for payment of coverage not covered by the worker's compensation program.

I hereby give my permission for my charges to be submitted to my private medical insurance carrier if the worker's compensation claim is denied or found to be invalid.