

If you are a Patient being seen for a workers compensation injury, the following information will be required to process your claim and provide medical documentation to the insurance carrier.

If you are a medical Nurse Case Manager or Insurance Adjuster requesting medical information on an injured worker you must provide the following information and forward it with the patient's signed release.

Patient's name: _____ Address: _____

Date of Birth: _____

Date of Injury: _____ Body Part: _____ Phone: _____

State/Country Injury Occurred: _____ / _____

Claim number _____ SS# _____

Employer's name, address and phone number: _____

Name & Billing address of Workers Comp Insurance Carrier: _____

Phone number of Insurance Company: _____

Adjuster's name, phone number and fax number: _____

Name of Nurse Case Manager, phone number and fax number: _____

Phone number: 802-862-3983, Fax number: 802-863-7994

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