



## WORKERS COMPENSATION INFORMATION & BILLING AGREEMENT

Claimant Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_ WCB #: \_\_\_\_\_

Address: \_\_\_\_\_ Carrier Case#: \_\_\_\_\_

\_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Is This Case In Litigation?: YES: \_\_\_\_ NO: \_\_\_\_

Insurance Carrier's Name: \_\_\_\_\_

Insurance Carrier's Address: \_\_\_\_\_  
(Please specify the address to which your Physical Therapy Bills should be sent)

Name of Claims Adjuster: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Lawyer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### ACCIDENT INFORMATION

Place of Accident (City/State): \_\_\_\_\_

Please Describe Your Injuries / Illness (indicate body part(s) affected): \_\_\_\_\_

How Did Accident Occur?: \_\_\_\_\_

Were you Hospitalized for Injuries sustained in This Accident?: YES: \_\_\_\_ NO: \_\_\_\_

If yes (please give dates): From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you **Currently** being treated by a Chiropractor **For This Injury**?: YES: \_\_\_\_ NO: \_\_\_\_

Are you **Currently** out of work **Due to This Accident**?: YES: \_\_\_\_ NO: \_\_\_\_

Have you **Previously** missed any work **Due to This Accident**?: YES: \_\_\_\_ NO: \_\_\_\_

If yes (please give dates): From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any **Pre-existing** injury or symptoms **Prior To This Injury**?: YES: \_\_\_\_ NO: \_\_\_\_

Please explain: \_\_\_\_\_

### BILLING AGREEMENT

As a courtesy, **Glover Physical Therapy & Pain Rehabilitation** agrees to bill the above Worker's C insurance carrier on my behalf. However, I understand that I am financially responsible for all physical therapy charges incurred. Furthermore, I understand that I am financially responsible for any collection / attorney fees that may be assessed to my account due to non-payment of these charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_