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.

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Signature Date

3620 Harlem Rd, Ste 2 * Cheektowaga, NY 14215 * Phone: 716-446-9500 * Fax: 716-446-9501