

# WORKERS' COMPENSATION INTAKE FORM

Name (PLEASE PRINT) \_\_\_\_\_

Date of Birth \_\_\_\_\_

## CARRIER INFORMATION

WCB Case #:	Carrier Case #:	Date of Injury	Nature of Injury or Illness	SS #:
CLAIMANT		ADDRESS		
EMPLOYER		ADDRESS		
INSURANCE CARRIER		ADDRESS		

In the event I fail to prosecute the claim for workers' compensation for this illness or condition or it is determined by the Workers' Compensation Board that the injury or condition is not a result of a compensable workers' compensation case, I hereby agree to pay Buffalo Spine and Sports Institute, PC their usual and customary fees for services rendered to the above-named claimant in the above identified case. By signing and dating below, I have read and understand the above.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signed by other than claimant, print below the name, address, and relationship of signer:

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INJURY INFORMATION

Was the accident reported to your employer?  yes  no      May we contact your employer?  yes  no

Name of person who took accident report: \_\_\_\_\_

Have you lost time from work?  yes  no      If yes, how much? \_\_\_\_\_

How did the accident happen? \_\_\_\_\_

Have you seen another physician for this condition?  yes  no      Doctor's Name: \_\_\_\_\_

Were x-rays taken?  yes  no      Other tests?  yes  no

If yes, please list test and facility where taken: \_\_\_\_\_

## ATTORNEY INFORMATION

Attorney's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

May we contact your attorney regarding your case?  yes  no

## AUTHORIZATION

I, the undersigned, certify that the information given above is correct. I clearly understand and agree that all services rendered to me that are not covered, are charged directly to me, and that I am personally responsible for payment in the event that my claim for No-Fault benefits are denied.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note: In this instance, we will attempt to bill any back-up insurance you may have prior to billing you directly.