Hayden Lake
FAMILY PHYSICIANS

8181 Cornerstone Dr. • • Hayden Lake, Idaho 83835 • Telephone (208) 772-0785

WORKMAN'S COMPENSATION FORM

TODAY'S DATE: _____

PATIENT'S NAME: _____

ADDRESS: _____
(Street and number) (City) (State) (ZIP)

PHONE: (____) _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

SUPERVISOR'S NAME: _____

DATE OF INJURY: _____

HAVE YOU FILED A REPORT AT WORK? YES _____ **NO** _____

HOW DID INJURY OCCUR? PLEASE DESCRIBE SPECIFICALLY:

_____

_____

_____

_____

NAME OF INDUSTRIAL CARRIER: _____

Has a claim been filed ? YES _____ **NO** _____ **CLAIM #**_____

NOTICE: Workman's compensation will be billed for services provided for the above injury. This is not a guarantee that they will accept the claim. You, as the patient, are responsible for the payment of services provided by this office.

The information I have provided is true and correct to the best of my knowledge. I have read and understand that I am responsible for the services rendered to me by this office.

PATIENT SIGNATURE: _____

WITTNESS IF X: _____