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When scheduling worker's comp patients we need the following information:

Patient Name/DOB: _____

Employer Name/Address/Phone _____

Name/title/phone# of person authorizing work comp visit _____

Billing address for work comp claims _____

Phone# _____ Fax# _____

Claim# _____ (if available) Date of Injury _____

Type of Injury _____

Adjuster's name _____

Adjuster's phone # _____ Adjuster's fax # _____

Can DME be dispensed in office? Yes NO (fill in info below)

If No, can DME under \$499 be dispensed in office? Yes NO (fill in info below)

Can medications be dispensed in office? Yes NO (fill in info below)

If the answer to above is NO, need fax# for DME/Rx? _____

Signature/Printed Name of Authorizing Agent

Date

If this is the first visit, the employer/supervisor may not have a claim # or Adjuster's name. The employer is required to send in a report of injury form to the work comp insurance company. Once that is received a claim # and Adjuster is assigned to the case.