



C. Mark Spivey, M.D. \* J. Casey Spivey, M.D.

*Board-Certified, Sports Trained Orthopedic Surgeon \* Specializing in General Orthopedics and Sports Medicine*

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Authorizing Persons Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

Does this patient require the aid of a translator? [ ] Yes [ ] No If yes, will one be supplied? [ ] Yes [ ] No

**Work Comp Insurance Information for Claims:**

Work Comp Company Name: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Claim# \_\_\_\_\_ (if available) Date of Injury \_\_\_\_\_

**Adjuster Information:**

Adjuster's name \_\_\_\_\_

Adjuster's phone # \_\_\_\_\_ Adjuster's fax # \_\_\_\_\_

**Additional Authorizations:**

Can DME be dispensed in office? [ ] Yes [ ] NO, **Authorizing Initials** \_\_\_\_\_

If No, can DME under \$499 be dispensed in office? [ ] Yes [ ] NO

If the answer to above is NO, need fax# for DME Prescription? \_\_\_\_\_

Can Physical Therapy services be performed in office? [ ] Yes [ ] NO, **Authorizing Initials** \_\_\_\_\_

If the answer to above is NO, need fax# for PT Order? \_\_\_\_\_

\_\_\_\_\_  
**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.\*\*\*