SPIVEY
ORTHOPEDIC CLINIC

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:

Which provider do you authorize to treat?

[ ] Dr. Mark Spivey [ ] Dr. Casey Spivey [ ] Available Physician Assistant

Patient Name:_____ DOB: _____ Phone #: _____
Type of Injury: _____ Date of Injury: _____

Employer Name:_____ Date of Hire: _____
Phone #: _____ Address: _____
_____

Authorizing Persons Name: _____ Title: _____
Phone Number: _____

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

Has this patient had any previous treatment/imaging/test? [ ]Yes [ ]No
If Yes, Treating Doctor: _____ Types of Test:_____
Prior records, imaging and test reports are required to be sent along with this completed form.

Work Comp Insurance Information for Claims:
Work Comp Company Name: _____
Claims Address: _____
_____
Phone#_____ Fax#_____
Claim#_____ (if available)

Adjuster Information:
Adjuster's name_____ Email: _____
Adjuster's phone #_____ Adjuster's fax #_____

Nurse Case Manager Information:
NCM's name_____ Email: _____
NCM'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 , **Authorizing Initials** _____
If the answer to above is NO, need fax# for DME Prescription? _____
Can Medications be dispensed in office? [ ] Yes [ ] NO, **Authorizing Initials** _____
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**

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