SPIVEY
ORTHOPEDIC CLINIC

*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 (more than one can be marked)?

[ ] Dr. Mark Spivey [ ] Dr. Casey Spivey [ ] Dr. Weston Robison

[ ]1st Available including Physician Assistants

Employee Information:

Patient Name:_____ DOB: _____ Phone #: _____

Type of Injury: _____ Date of Injury: _____

Employer Information:

Employer Name:_____ Date of Hire: _____

Phone #: _____ Address: _____

_____

Authorizing Persons Name: _____ Title: _____

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 #_____

Does this patient require the aid of a translator? [ ]No [ ]Yes, if yes, please send one with the patient.

Has this patient had any previous treatment/imaging/test? [ ]No [ ]Yes

If Yes, Treating Doctor: _____ Types of Test:_____

Prior records, imaging and test reports are required to be sent along with this completed form.

Additional Authorizations:

Do you require a toxicology screen on initial appointment? [ ]Yes [ ] NO

If yes, do you approve of our office testing & billing for drug screens?[ ]Yes [ ] NO, **Authorizing Initials** _____

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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