



Please complete the entire page and return with medical records if the patient has been seen anywhere for the referring condition. Patient must bring the disc of any images taken related to work injury to the first appointment. For questions, please call our workers' compensation coordinator at (270) 926-9044, or fax (270) 663-0327.

Please forward the following – Billing Information

Employee Name: _____

Employee Address (City, State, Zip): _____

Employee Phone Number: _____

Employee Date of Birth: _____

Employee Social Security Number: _____

Employer: _____

Employer Phone Number: _____

Employer Address: _____

Date of Injury: _____

Nature of Injury (Body Part, Right or Left): _____

Adjuster Name/Case Manager: _____

Adjuster Email: _____

WC Phone Number: _____

WC Fax Number: _____

Claim Number: _____

Insurance Name: _____

Billing Address: _____

Notes: _____

Charles A. Milem, M.D. • R. Keith Moore, M.D. • William R. Martin, M.D.

S. David Boles, M.D. • Geoffrey L. Hulse, M.D. • Joseph A. Polio, M.D.

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****OFFICE USE ONLY****

SRS: _____

INTERGY: _____

Typed: _____

106: _____