



Worker's Compensation Information

*Please fill out and fax back to our Billing Dept. at 781-933-3696
or call 781-782-1325*

Patient Name:
Address:

DOB:

Please be aware that until we receive the complete billing information for your claim, all bills will be your responsibility. If you do not plan to file a WC claim, or that claim is pending, please contact our office right away so we can bill your health insurance since there may be a filing deadline.

Claim Number: _____

Date of Injury: _____

Nature of Injury (include body part – right, left or bilateral): _____

Worker's Comp Insurance Name: _____

Worker's Comp Insurance Address: _____

Contact person/Adjuster: _____

Adjuster Phone: _____ Adjuster Fax: _____

Utilization Review (if available) Phone: _____ Fax: _____

Employer Name: _____

200 Unicorn Park Drive Woburn, MA 01801
phone: 781.782.1300 fax: 781.782.1350