



# Most™

Injured Person \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of injury \_\_\_\_\_

Claim number \_\_\_\_\_ WCB \_\_\_\_\_

Employer (at time of injury) \_\_\_\_\_ Phone # \_\_\_\_\_

Address of employer \_\_\_\_\_

Employer's compensation insurance carrier \_\_\_\_\_

Address to send bills \_\_\_\_\_ Phone# \_\_\_\_\_

Case manager \_\_\_\_\_ Phone# \_\_\_\_\_

State where injury occurred \_\_\_\_\_

Are you working now \_\_\_\_\_ Do you have limited duties \_\_\_\_\_

Have you been treated for this injury at another Physical Therapy Clinic \_\_\_\_\_?

If yes where \_\_\_\_\_

Please give a brief description of injury \_\_\_\_\_ Please be advised that in the event it is determined that your injury is **NOT** work related and the above named compensation carrier is not responsible for your charges from this office **you will be responsible for the total balance of your account. Effective December 1, 2010** workers' compensation board has made changes to the guidelines. We can treat **knee, back, neck, shoulder and carpal tunnel for up to 8 weeks** with a doctor's prescription. All other body parts must be authorized by case manager. You can also view the guidelines by going to [www.wcb.state.ny.us](http://www.wcb.state.ny.us) "Health Care Information, Medical Treatment Guidelines, and References."

I fully understand the aforesaid compensation regulations

Signature \_\_\_\_\_

### Private Insurance information

Type of insurance \_\_\_\_\_ ID number \_\_\_\_\_

Policy holder \_\_\_\_\_ Date of birth \_\_\_\_\_

**FRONT DESK PERSONNEL REQUIRES YOUR PRIVATE INSURANCE CARD TO SCAN INTO OUR SYSTEM**

