

WC FORM

Snyder Physical Therapy – New West Orthopaedic & Sports Rehabilitation, LLC
2845 South 70th Street, Lincoln, NE 68506 (402) 489-1999

DOES YOUR EMPLOYER KNOW YOU ARE HERE TODAY? ___NO___YES

PATIENT NAME _____ SSN# _____

DATE OF INJURY: _____ CLAIM # _____

EMPLOYER INFORMATION

SUPERVISOR'S NAME _____

EMPLOYER'S NAME _____

EMPLOYER'S PHONE NUMBER _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORKER'S COMPENSATION CARRIER INFORMATION

W/C INSURANCE CARRIER: _____

W/C ADDRESS _____

W/C CITY: _____ ST _____ ZIP _____

W/C PHONE _____

W/C FAX _____

W/C CLAIM REPRESENTATIVE NAME _____

PHONE _____ FAX _____

NURSE CASE MANAGER _____

COMPANY NAME _____

PHONE _____ FAX _____

FOR OFFICE USE ONLY:

AUTHORIZATION FOR PROCEDURES

DATE /APPROVED BY

_____	_____
_____	_____
_____	_____
_____	_____