

**Heartland Hand & Spine Orthopaedic Center, P.A.**

**William O. Reed, Jr., M.D.**

**Glenn M. Amundson, M.D.**

**Alexander S. Bailey, M.D.**

**Nicholas U. Ahn, M.D.**

**Workers Compensation Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

SS# \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Right-handed or Left-handed? \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Occupation \_\_\_\_\_

Emp. Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Describe accident in your own words: \_\_\_\_\_

Employer at time of accident \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_

Are you currently working? YES NO If no, last date worked \_\_\_\_\_

Are you on light duty? YES NO If yes, specify restrictions \_\_\_\_\_

**INSURANCE AUTHORIZATION AND ASSIGNMENT**

I hereby authorize Heartland Hand & Spine Orthopaedic Center, P.A. to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to the physicians all payments for medical services render to myself or on my behalf.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Billing** \_\_\_\_\_

Appt made by \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Type of Serv Auth:  Eval Only  Eval & Treat

Claim # \_\_\_\_\_

2<sup>nd</sup> Opinion  2<sup>nd</sup> Op & Trt

**Adjuster** \_\_\_\_\_

Body Part Auth'd \_\_\_\_\_

Phone \_\_\_\_\_

Type of Problem \_\_\_\_\_

Fax \_\_\_\_\_

Circle previous films/tests: XR MRI EMG CT

Date of Injury \_\_\_\_\_

Appt Date \_\_\_\_\_ Time \_\_\_\_\_

**Ref. Phys.** \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Ref. Phys. Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Fax/mail copies of transcription to (if applicable):**

**Case Manager** \_\_\_\_\_ Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Employer** \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

10730 Nall Avenue, Suite 200, Overland Park, KS 66211

Phone (913) 649-7300, Fax (913) 385-5559