

**BRIER CREEK INTEGRATED PAIN & SPINE**  
**Workers Compensations Information**

PATIENT NAME: \_\_\_\_\_  
SS #: \_\_\_\_\_ DOB: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALT PH: \_\_\_\_\_  
INJURY DATE: \_\_\_\_\_ INJURY TYPE: \_\_\_\_\_  
STATE WHERE INJURY OCCURRED: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PATIENT'S ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PRIMARY CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

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WC CARRIER: \_\_\_\_\_  
WC CLAIM #: \_\_\_\_\_ WC BOARD #: \_\_\_\_\_  
CLAIMS ADDRESS: \_\_\_\_\_  
CASE WORKER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ADJUSTER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

APPROVAL DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INFO TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_