



Worker's Compensation

Worker's Compensation Carrier: _____

Address: _____

Phone #:(_____)_____

Claim Number: _____

WCB#: _____

Date of Injury: _____ / _____ / _____

Is this injury currently under dispute with the worker's compensation board?
Yes/No, If yes, when is the date of your next hearing? _____

If your claim should be denied, you and your attorney are responsible to keep ProActive Sports Rehab informed on any upcoming hearings until your claim is settled through the Worker's Compensation Board. (WC) If you fail to prosecute the (WC) claim or if your condition/injury is in litigation and the Worker's Compensation Board rules that your WC carrier is not responsible for the reimbursement of health services. It is then the patient's responsibility to provide private health insurance information to ProActive Sports Rehab. In providing private health insurance, copays and deductibles may apply, and are due once reimbursement from the private insurance is received per your insurance guidelines.

Patient Signature: _____

Date: _____

If you are a patient representative please sign: _____

What is your relationship to the patient?: _____

Date: _____