erlanger
Neurosurgery and Spine

979 E. 3rd Street, Suite C-920
Chattanooga, TN 37403
Phone: 423-778-2233
Fax: 423-756-8265
Referral Fax: 423-321-1115

WORKERS COMP QUESTIONNAIRE / AUTHORIZATION SHEET

Patient Name: _____

AUTHORIZED FOR MD:

_____

DOB: _____ **SS #:** _____

Referring Physician: _____ **NPI:** _____

Date of Injury: _____ **Accident State:** _____ **Claim #:** _____

Part of Body Disabled: _____ **Diagnosis:** _____

_____

Previous surgery relating to diagnosis: _____

EMPLOYER: _____

Address: _____

ADJUSTER / CASE MANAGER – WILL BE REQUIRED TO SCHEDULE & ATTEND APPOINTMENTS

Name: _____ **Phone:** _____

Email: _____ **Fax:** _____

SEND OFFICE NOTES & TEST RESULTS

Attn: _____ **Fax:** _____

Email: _____

MAIL CLAIMS

Company: _____ **Attn:** _____

Address: _____

Approved Facilities for MRI, X-Rays & Tests:

Company: _____ **Phone:** _____ **Fax:** _____

VISIT AUTHORIZATION

Appt For- Evaluate and Treat: ☐ Yes ☐ No / 2nd Opinion: ☐ Yes ☐ No

AUTHORIZED BY: _____ **Date:** _____
(W/C Representative)