



NEW WORKERS COMP/AUTO INJURY

Please complete this form if the reason for today's visit is for an automobile accident or an injury at work **and** this is the first time you are being seen by Urgent Care Matters for this particular injury.

Please Note: Before Urgent Care Matters medical professionals can treat the injury the Urgent Care Matters staff will need to validate the injury with your Employer or Automobile Insurance Adjuster. If validation cannot be completed before being seen then you, the patient, are responsible for paying for the visit today at the Self Pay rate.

Complete form and have the Scan into the Practice Management System.

Patient – Accident Information:

Patient Name: _____ Today's Date: _____

Social Security Number: _____ Date of Accident: _____

State Where Accident Occurred: _____

Auto or Workers Compensation Insurance Name: _____

Claim Number: _____

Phone Number for the claims department: _____

Patient – Work Accident Information:

Place of Employment: _____

Address of Employer: _____

Phone Number of Employer and Managers Name: _____

I hereby authorize Urgent Care Matters to furnish the insurance carriers listed above my medical information. I hereby assign Urgent Care Matters all payments for medical services rendered to myself or my dependents until revoked in writing. I understand that I am responsible for any amount not covered by insurance at the time of service. I also understand that I am responsible for collection and legal costs should my account be turned over to a collection agency

Signature: _____ **Date:** _____