

# Physical Therapy Sports Institute

1515 W. Florida Ave, Ste E

Hemet, CA 92543

Phone: 951.658.3121



## Worker Compensation Information

TO BE FILLED OUT BY INJURED WORKER:  
(ALL FIELDS REQUIRED)

Injured Worker's Name: \_\_\_\_\_ Date of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ Claim #: \_\_\_\_\_

Employer (AT TIME OF INJURY): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City ST Zip

Employer Phone: (\_\_\_\_) \_\_\_\_\_

## Worker Compensation Carrier / Attorney Information

Carrier: \_\_\_\_\_

Claims Mailing Address: \_\_\_\_\_  
Street Address City ST Zip

Adjuster's Name: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

UR/NCM Contact: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City ST Zip

## NON-COMPLIANCE NOTIFICATION

Your therapist, physician, adjuster and case manager, work together to assist your return to full function in the workplace. In order for your treatment to have maximal effect and progress, all prescribed therapy sessions must be attended. To comply with the workman's compensation laws, we are required to notify the adjuster, case manager and physician of missed appointments. If for any reason, you are unable to attend, please call in a timely manner and we will reschedule your appointment and inform your adjuster. Missed appointments may result in discontinuation of workers compensation benefits.

I have read and understand the non-compliance notification. I do hereby acknowledge that all information on this form is true and factual.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_