TriValley Primary Care

Must be completed by all patients claiming Workers' Compensation benefits

Workers' Compensation Data Worksheet

If your injuries are related to your employment, Pennsylvania law requires that we bill your employer's Workers' Compensation Insurance Carrier. If Workers' Compensation insurance denies the claim, we will submit it to your health insurance company. TriValley Primary Care will not hold claims pending litigation after a denial is received. Note: Any balance not adjusted by law or contract after Workers' Compensation and Health Insurance coverages pay is the patient's responsibility.

Patient's Name: _____

Patient's Address: _____

_____

Daytime Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____

Date Of Birth: _____ Social Security Number: _____ - _____ - _____

Employer (Company Name): _____

Employer's Address: _____

_____

Employer's Phone: (_____) ____ - _____ Contact Person: _____

How did the injury occur? _____

_____

Date of Injury: _____ Time of Injury: _____ (AM/PM)

Have you informed your employer? ☐ Yes ☐ No

IF YOU HAVE NOT REPORTED THIS INJURY TO YOUR EMPLOYER, YOU MUST DO SO AT ONCE!

Workers' Comp. Insurance Company: _____

Address for Claims: _____

Phone Number: (_____) _____ - _____ Claim#: _____

Health Insurance Company*: _____

Address for Claims*: _____

Phone Number*: (_____) _____ - _____ * Attach copy of card if not on file

Health Insurance ID#*: _____Group#*: _____

The above is true and accurate to the best of my knowledge.

_____ _____

Signature (SEAL) Date

TriValley Office Instruction: PROVIDE PHOTOCOPY OF COMPLETED FORM TO PATIENT.

Print Form