

Board-Certified, Sports Trained Orthopedic Surgeon * Specializing in General Orthopedics and Sports Medicine

When scheduling worker's comp patients we need the following information:

Which provider do you authorize to treat (more than one can be marked)?

[] Dr. Mark Spivey [] Dr. Casey Spivey [] Available Physician Assistant

Employee Information:	DOD N. II
Patient Name:	DOB: Phone #:
Type of Injury:	_ Date of Injury:
Employer Information:	Data of Hira
Employer Name:Phone #:	Date of Hire:
1 Holle #.	Address:
Authorizing Persons Name:	Title:
Work Comp Insurance Information for Claims:	
Work Comp Company Name:	
Claims Address:	
Phone#Fa	
Claim# (if ava	ailable)
Adjuster Information:	and the state of t
	Email:
Adjuster's phone #	Adjuster's fax #
Nurse Case Manager Information:	
	mail:
NCM's phone #Adj	juster's fax #
Does this patient require the aid of a translator? []No []Yes, if yes, please send one with the patient Has this patient had any previous treatment/imaging/test? []No []Yes If Yes, Treating Doctor: Types of Test:	
Prior records, imaging and test reports are required to be sent along with this completed form.	
Additional Authorizations:	
Do you require a toxicology screen on initial appointment? []Yes[]NO	
	drug screens?[]Yes[]NO, Authorizing Initials
Can DME be dispensed in office?	[]Yes [] NO, Authorizing Initials
If No, can DME under \$499 be dispensed in office?	[]Yes [] NO, Authorizing Initials
If the answer to above is NO, need fax# for DME Prescr	1
Can Medications be dispensed in office?	[]Yes [] NO, Authorizing Initials
Can Physical Therapy services be performed in office If the answer to above is NO, need fax# for PT Order?	e? []Yes [] NO, Authorizing Initials
if the unswer to above is ive, need taxii for i i elder.	
Signature/Printed Name of Authorizing Agent	Date
5 5	