CHIPPEWA VALLEY ORTHOPEDICS AND SPORTS MEDICINE

1200 Oakleaf Way STE A
Altoona, WI 54720

757 Lakeland Dr. STE B
Chippewa Falls, WI 54729

2200 Cedarcrest Dr. STE A
Rice Lake. WI 54868

Thank you for trusting Chippewa Valley Orthopedics and Sports Medicine (CVOSM) to care for you. We appreciate the trust you've placed in us.

For CVOSM to file claims for payment under Worker's Compensation, we need some information. In the absence of this information, we will either file the claim through your personal health insurance carrier or bill you directly.

Please complete the form below and return it to our office as soon as possible.

- Complete the form below and return via:
  - Fax: 715-832-4187
  - Mail
  - Drop off at the front desk

Work Comp Information

PATIENT NAME	PATIENT DOB (mm/dd/yyyy)	PATIENT SSN
EMPLOYER NAME		**EMPLOYER PHONE**
BODY PART	**SIDE (R or L)**	**DATE OF INJURY (mm/dd/yyyy)**
CLAIM NUMBER	**WORK COMP INS. COMPANY (Name, Address, Phone)**	
CLAIM ADJUSTER/CONTACT- NAME	**CLAIM ADJUSTER- PHONE**	**CLAIM ADJUSTER- FAX**