



## Insurance WORKERS' COMPENSATION INFORMATION

### EMPLOYEE

Patient's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Patient's account number \_\_\_\_\_

Date of injury \_\_\_\_\_ Date of service \_\_\_\_\_

Type of injury \_\_\_\_\_

County in which your injury took place \_\_\_\_\_

### NOTE TO THE PATIENT

This account will be viewed as Private Pay until this form is completed by both you and the employer and returned by the employer. The completion of this form does not guarantee payment of this claim.

### EMPLOYER

Due to changes in Workers' Compensation rules, the employer is responsible for providing the following information: (print or type)

Employer name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Workers' Compensation carrier name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Claim number \_\_\_\_\_

Would you like us to bill? ☐ Employer ☐ Workers' Compensation carrier

Person authorizing treatment \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

This information is required by Michigan Workers' Compensation rule 418.1609 Effective 02/19/92.

### NOTE TO THE EMPLOYER

Complete this form and either:

Return by mail to: 426 Michigan St NE, Grand Rapids, MI 49503

ATTN: Corewell Health Occupational Health

**OR**

Fax to 616.391.9660 or Submit by Email to: [OHSCaseManagement@CorewellHealth.org](mailto:OHSCaseManagement@CorewellHealth.org)

The completion of this form does not guarantee payment of this claim.

*Promptly file a Form 100 with the Workers' Compensation Bureau and your Workers' Compensation carrier in accordance with Michigan Worker's compensation Rule 418.2104(2).*

**CONFIDENTIAL NOTICE:** The content of this fax is intended only for the named recipient(s) and may contain information that is protected under applicable law. If you are not the intended recipient(s) or if you receive this fax in error, please notify the sender at the address or telephone number above. Destroy any copies.

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



\* X 2 0 6 0 1 \*

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.