



**MEDICAL BILLING ASSOCIATES, INC.**

5 Essex Green Drive • Suite #36

Peabody, MA 01960

Office: (978) 977-9118

Fax: (978) 977-0525

### **Worker's Compensation Info**

*For office: ALWAYS CALL ADJUSTER to CONFIRM/VERIFY INFORMATION BELOW:*

**Patients Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Claim#** \_\_\_\_\_

**Name of WC Insurance Company** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Adjusters Name** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**Per Adjuster, Body part/Location of Injury** \_\_\_\_\_

**Attorney's Name:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **FAX#** \_\_\_\_\_

DATE INFO VERIFIED with ADJUSTER: \_\_\_\_\_

NOTES: