Print Form

Workers' Compensation Policy and Procedure

All Work-Related Patients: Please read the following and present this form to your supervisor.

You have Three Payment Options:

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier.

- An Employer Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care office today (if during normal business hours), or the very next business day. A copy of this form can be found at DoctorsCare.com/employers.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope provided for the services rendered within ten (10) business days of the visit.
- If the employer pays at the time of service, they will receive a 15% discount.

3. PATIENT PAYS BILL

If options 1 or 2 are not completed, **the patient will be responsible for the payment of services rendered**.

Patient will be given the following items upon departure:

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services if options 1 or 2 are not completed within ten business days.

Patient's Printed Name	Date
Patient or Authorized Person's Signature	Supervisor's Name
Employer	Supervisor Phone #