



## Staff Collected WC Billing Information

Accident Information			
Injury			
Date of Injury		Date of Service	
SSN or Claim #			
Employer Information			
Company			
Phone			
Email			
Worker's Compensation Carrier			
WC Carrier			
Address			
Phone		Fax	
Email			
Adjuster			
Staff Information			
Info collected by:			
Info collected from:			

