

PURVIS-MOYER FOOT & ANKLE CENTER
3301 SUNSET AVENUE
ROCKY MOUNT, NC 27804
252-443-7114 / Fax 252-443-7115

WORKMAN'S COMPENSATION AUTHORIZATION

(This form must be COMPLETED IN FULL before treatment is rendered.)

Patient's Name _____

Patient's Date of Birth _____

Patient's Employer _____

Employer Phone # _____

Supervisor's Name _____

Date of Injury _____

Insurance Coverage provided by: _____

Address _____

Phone # _____

Contact Person: _____

Authorization #: _____

Services Authorized:

Evaluation Only _____

Evaluation and Treatment _____

Evaluation and Treatment and Follow Up Care _____

Durable Medical Equipment _____

Authorized by: _____

Signature

Date

To Be Completed By PMFAC Staff:

Date _____

Workman's Compensation benefits verified by: _____