



Workers' Compensation Financial Responsibility

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

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 <https://employers.doctorscare.com/>.
- 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 DIRECTLY

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.

3. PATIENT PAYS BILL

If claim is denied as WKC, patient will be responsible for payment of services rendered beyond authorized visits.

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 #