



### WORKER'S COMP AUTHORIZATION

Dear Patient:

In order to minimize billing difficulties with your employer or worker's compensation carrier, you must provide us with the following information:

A statement from your employer acknowledging treatment and payment for services including their worker's compensation carrier's name, address, phone number, adjuster's name, date of injury and claim number.

Please have your employer complete the form below and fax this information to our office before your first appointment.

*\*\* If this information is not available before the first appointment, you will be required to pay for services at the time of your visit. Please refer to Rule 2102 & 2104. (below) Thank you for your assistance in this matter.*

This will acknowledge treatment for and payment to Hand Surgery of Northern Michigan for services rendered to our employee \_\_\_\_\_ who was injured on      /      /       
mo. day yr.

Carrier Name: \_\_\_\_\_

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

Claim No.: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
mo. day yr.

*R418.2102 Reimbursement for employee-paid services. Notwithstanding any other provision of these rules, if an employee has paid for health care services and at a later date a carrier is determined to be responsible for the payment, then the employee shall be fully reimbursed by the carrier. (See page 83 of the Michigan Worker's Compensation Manual)*

*Employers are required by Michigan Worker's Compensation law R418.2104 to file Form 100 with the bureau and its insurer, along with informing the provider with the name and address of its worker's compensation carrier. (See page 83 of the Michigan Worker's Compensation Manual)*