

Date: _____ Patient Name: _____ Social Security Number: ____-____-____

Employer:			
Phone:		Fax:	
Employer Address:			
Primary Contact:			
E-mail:			

REQUIRED FOR ALL WORKERS' COMPENSATION VISITS – If not present, patient will need to provide insurance and place credit card on file.

Date of Injury:			
Type of Injury:			
Where are the claims to be filed?	<input type="checkbox"/> Bill Employer (Self Insured Work Comp)	<input type="checkbox"/> Insurance Carrier	
W/C Carrier Name:			
W/C Carrier Address:			
W/C Carrier Phone:		W/C Carrier Fax:	
Claim Number:			

Workers' Compensation

Indicate where the Return-to- Work Status report is to be e-mailed: _____

Work Compensation Drug Screening

- Post- Accident Drug Screen Required
 Post-Accident Breath Alcohol Required
 DOT Drug Screen Collection
 Non-DOT 6 Panel in-house Drug Screen
 Non-DOT 10 Panel in-house Drug Screen

Employer: *This certifies that the above information is correct. I authorize the medical provider to provide medical treatment to the employee named above.*

X _____
 Employer Signature Date Printed Name Title

Patient: *I understand that in the event this service(s) does not qualify for coverage under the provided workers compensation, I will be responsible for all charges and will provide Twin Rivers Health Care with my insurance information or, if non-insured, will pay for services rendered in full.*

X _____
 Patient Signature (Required) Date Printed Name

Internal Office User Only

Admissions Staff Name:	Clinical Staff Name:	Location:
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Credit Card Authorization Form

Card Type: Visa MasterCard Discover American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, authorize Twin Rivers Health Care to charge my credit card for the agreed upon services. I understand that my information will be saved to file for future transactions on my account.

Card Holder Signature_____
Date

Locations:

Grand Island

**Twin Rivers Sports Medicine
& Family Medicine**

720 N. Webb Rd

Grand Island, NE 68803

Phone: 308-395-7700

Fax : 308-395-7713

Office Hours

Monday – Thursday 8am – 5pm

Call Ahead for Appointment 308-395-7700

Hastings

Twin Rivers Urgent Care

3203 Osborne Dr West, Ste 101

Hastings, NE 68901

Phone: 402-834-1005

Fax : 402-303-1022

Office Hours

Monday – Friday 8am – 8pm

Saturday 9am – 6pm

Sunday Noon – 5pm

Seward

**Twin Rivers Urgent Care &
Family Care**

510 Bradford St

Seward, NE 68434

Phone: 531-727-2893

Fax : 531-727-2896

Office Hours

Monday – Friday 8am – 5pm

Grand Island After Hours Location**Twin Rivers Urgent Care**

750 Allen Drive

Grand Island, NE 68803

Ph: 308-384-2500

Fax: 308-384-2565

Office Hours

Monday – Friday 8am – 8pm

Saturday 9am – 6pm

Sunday Noon – 5pm

Visit Us Online @

www.trurgentcare.com