



River North Pain Management Consultants, S.C.,
Axel Vargas, M.D.,
Regional Anesthesiology and Interventional Pain Management.
680 North Lake Shore Drive, Suite # 830
Chicago, Illinois, 60611

WORKERS' COMPENSATION INFORMATION

PLEASE NOTE: In order for us to submit your charges to Workers Compensation, we must have the following information COMPLETELY filled out. If we do not have this information at the time of your visit, you will be asked to pay for the visit yourself or to reschedule.

Patient Last Name: _____ First (Legal): _____ MI _____

Home Phone #: (_____) _____ - _____ Referring Doctor: _____

Date of Injury: _____ Type of Injury: _____

Date of Appointment: _____ Doctor: _____

Office Location: _____ (For Office Use Only: Medic # _____)

Employer's Name: _____

Employer's Phone #: (_____) _____ - _____ Employer's Fax #: (_____) _____ - _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

WORK COMP INSURANCE INFORMATION

Insurance Company: _____

Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____ Claim # (if assigned) _____

Contact Person: _____

For Office Use Only:

