# NEUROLOGICAL SPECIALTIES OF LONG ISLAND, PLLC

## WORKERS' COMPENSATION APPLICATION

Name of Patient: ______________________________ Date of Birth: __________

Home Address: ______________________ City: ________ State: _____ Zip Code: ______

Soc. Sec. # ______________ Telephone# ____________ Cell # ______________

Date of Accident: ________ Are you presently working? [ ] Yes [ ]No If yes: [ ] Full Time [ ] Part Time

Have You Lost Time From Work Due To Accident?: ________ First Missed Day: ______________

Employer's Name: ____________________ Telephone #: ____________(x )

Employer Address: ________________________ City: __________ State: ______

Department : ________________ Supervisor Name: ________________

**Job Title/Description**________________ **Accident Reported To:**________________

**How Did Injury Occur:**________________________________________________

________________________________________________________________

Insurance Company Name : ________________________________________

Address : ________________________ City: __________ State: ________

Telephone Number: ______________ Contact Person/ Adjuster: ______________

WCB #: _____ ________ Claim Number: ____________ Attorney Info: ____________

**Insurance Authorization and Assignment:**

I hereby authorize Neurological Specialties of Long Island, PLLC to furnish information to the governmental agencies, insurance carriers or others concerning my illness and treatments, and permit representatives to examine and make copies of all records relating to such care and treatment. I hereby assign to the physician all payments for medical services rendered to myself or my dependants. I understand I am responsible for any amount not covered by insurance.

Signature: ______________________________ Date: ______________

**Please read, sign, and date the following statement:**

If for any reason, my workers' compensation insurance carrier refuses reimbursement for the services rendered to me, I agree to be personally responsible for the payment of the expenses in a timely fashion.

Signature: ______________________________ Date: ______________