

Central Texas

Sports Medicine & Orthopaedics

A part of Brazos Valley Physicians Alliance

3121 University Dr. E. #100, Bryan, Texas Phone: 979-776-0169 Fax: 979-776-1372

WORKERS COMPENSATION SCREENING FORM

Fax completed form and medical records to 979-776-1372 or email to info@centexsportsmedicine.com

****Requirements**** Date of Injury must be less than 6 months old ** Care must be established with treating doctor outside of CTSM prior to scheduling with our office**We accept WC by referral **ONLY****We will contact patient to schedule

Injured Employee Information:

Name: _____ SS#: _____

Date of Birth: ___/___/___ Home #: _____ Work #: _____

Address: _____
Street City State Zip

Injured Body Part: _____ Side (circle): **Right/Left**

Claim #: _____ Date of Injury: _____

Employer Information:

Company: _____ Contact (Name) _____

Address: _____
Street City State Zip

Phone #: _____ Fax #: _____

Insurance / Claim Information:

Carrier: _____ Phone #: _____ Fax #: _____

Address: _____
Street City State Zip

Adjuster: _____ Phone #: _____ Fax #: _____

TWC Certified Network: Yes No Network Name: _____

Are there any Disputes on this claim? (circle): Yes / No

Pre-Cert: _____ Phone #: _____ Fax #: _____

Treating Provider Information:

Name: _____ Phone# _____

CTSM Physician Requested

Barry W. Solcher, M.D. Grant Rowland, M.D. J.P. Bramhall, M.D. B. Rick Seabolt, M.D.

Kory Gill, D.O. Laura Marsh, M.D. Ricardo Garcia, D.O.

****CTSM DOES NOT SCHEDULE WORKERS COMPENSATION SECOND OPINIONS****