

# Central Texas

Sports Medicine & Orthopaedics, P.A.

Proudly owned and operated by 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](mailto: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.

B. Rick Seabolt, M.D.

Colten Luedke D.O.

Stephen Line, DO.

Laura Marsh, M.D.

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