

John C. Park, M.D. • Lorin R. Press, M.D. • Barbara H. Schwartz, M.D.

Comprehensive, Cataract/Cornea/Glaucoma and Refractive Surgery

2177 Oak Tree Rd, Suite #203 Edison, NJ 08820
Tel (908) 822-0070 Fax (908) 822-0075

INJURY AT WORK

PLEASE COMPLETE ADDITIONAL INFORMATION

DATE OF ACCIDENT:

EMPLOYER:

CONTACT PERSON:

ADDRESS:

TEL #:

FAX #:

WORKERS' COMP
INSURANCE CO:

CLAIM #:

ADJUSTER:

ADDRESS:

TEL #

FAX #

I UNDERSTAND THAT IF MY WORKERS' COMPENSATION INSURANCE ABOVE DENIES MY CLAIM, I AM FINANCIALLY RESPONSIBLE FOR ALL MEDICAL CHARGES.

PATIENT NAME:

DATE:

SIGNATURE:

