

**PURVIS FOOT & ANKLE CENTER
3301 SUNSET AVENUE
ROCKY MOUNT, NC 27804
252-443-7114 / Fax 252-443-7115**

WORKMAN'S COMPENSATION AUTHORIZATION

(This form must be COMPLETED IN FULL before treatment is rendered.)

Patient's Name _____

Patient's Date of Birth _____

Patient's Employer _____

Employer Phone # _____

Supervisor's Name _____

Date of Injury _____

In your own words, please state how the injury occurred:

Insurance Coverage provided by: _____

Address _____

Phone # _____

Contact Person: _____

Authorization #: _____

Services Authorized:

Evaluation Only _____ (initial)

Evaluation and Treatment and Follow Up Care _____ (initial)

To Be Completed By PFAC Staff:

Date _____

Workman's Compensation benefits verified by: _____

