

Workman's Compensation Claim

Duluth Family Medicine Clinic

330 N 8th Ave E, Duluth, MN 55805

Phone: 218-723-1112 / Fax: 218-529-9120

**You have requested we file a claim to your Workman's Compensation.
In order to file this claim, you must complete all of the following information.**

Date of Injury: _____

What did you injure? (Ex: Lower Back) _____

Is this your initial visit for this injury? Yes No

If no, please list date of initial visit and any subsequent visit dates and where you were seen:

Employer at time of injury:

Company Name: _____

Address: _____

Phone Number/Contact Person: _____

Occupation: _____

Workman's compensation insurance:

Insurance Carrier: _____

Address: _____

Phone Number/Contact Person: _____

Claim Number: _____

If you should require any follow-up appointments relating to this injury, please inform the receptionist at the time of scheduling.

Patient Signature: _____

Patient Name (Please Print): _____

Patient Date of Birth: _____

Today's Date: _____