

WORKER'S COMPENSATION AUTHORIZATION AND INJURY TREATMENT FORM

**SUBMISSION OF THIS FORM WILL BE CONSIDERED AS AUTHORIZATION TO SCHEDULE AND TREAT FOR THE REFERENCED PATIENT AND INJURY(S)*
Missing information can delay the scheduling process as all information is needed for scheduling and billing purposes. Please contact the Workers Compensation Team directly for further information.*

BODY PART AFFECTED

- Elbow
- Foot / Ankle
- Hand / Upper Extremity
- Hip
- Knee
- Neck / Spine
- Shoulder
- Other (specify) _____

PREFERRED PHYSICIAN
FOOT & ANKLE

- Jeffrey Goldberg, MD
- Juha Jaakkola, MD
- Christopher Nicholson, MD

GENERAL ORTHOPEDICS

- Jay Cook, MD
- Mark Kamaleson, MD

HAND, WRIST & ELBOW

- Travis Farmer, MD
- Gregory Kolovich, MD

ORTHOPEDIC SPINE

- Thomas Lawhorne, MD
- John McCormick, MD
- Thomas Niemeier, MD

SPORTS MEDICINE

- Don Aaron, MD
- Thomas Alexander, MD
- Delan Gaines, MD
- David Palmer, MD
- David Sedory, MD
- Amir Shahien, MD
- Wesley Stroud, MD
- James Wilson, Jr, MD
- George Sutherland, MD
- Chad Zehms, MD

TOTAL JOINT

- Jonathan Christy, MD
- Jordan Paynter, MD
- Robert Shelley Jr, MD

NON-OPERATIVE SPORTS

- MED Justin Lancaster, MD

NO PREFERENCE

- No Physician Preference

PATIENT INFORMATION

Patient Name (First, Middle, Last) _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

DOB _____

Patient Mobile _____

Patient Email _____

Preferred Location _____

(if blank, we will schedule at the earliest location available)
EMPLOYER INFORMATION

Employer Name _____

Address _____

City _____ State _____ Zip _____

Authorized By _____ Title _____

Email _____

Phone _____ Fax _____

Signature of Authorizing Party _____

EMPLOYERS INSURANCE CARRIER

Work Comp Insurance Carrier _____

Claim # _____ Adjuster Information _____

Billing Address: _____

Email _____

Phone _____ Fax _____

INJURY DETAILS

Type of Injury _____ Date of Injury _____

Injured Body Part _____ Affected Side: Left | Right | Multiple | N/A

Notes _____

DIRECT WORKCOMP SCHEDULING - PLEASE CALL
WORK COMP SAVANNAH
912.644.5384
URGENT CARE DAYTIME
912-486-2382
URGENT CARE EVENINGS
912.651.8823
