

LOGAN PRIMARY CARE SERVICE

405 RUSHING DRIVE
HERRIN, IL 62948
PHONE 618-993-3300
FAX 618-998-9826

502 WEST ST. LOUIS
WEST FRANKFORT, IL 62896
PHONE 618-937-3400
FAX 618-937-3407

WORKMEN'S COMPENSATION EMPLOYER REPORT

Mark Smith, MD
William Hays, MD
Mark Korte, MD

Kevin Oestmann, MD
Russell Brown, DO
Aaron Workman, MD

Jeffrey Parks, MD
Dennon Davis, MD

PATIENT INFORMATION

Employee's Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ Date of Birth ____/____/____

EMPLOYER INFORMATION

Employer _____ Employer Phone # (_____) _____

Address _____ City _____ State _____ Zip _____

INJURY

Date of Accident ____/____/____ Time of Accident _____ AM PM

Type of Injury _____

Appointment Time: _____ Appointment Date: _____ Provider: _____

Account Number: _____ Verified By: _____

BILLING INFORMATION (Complete in full or patient will be billed)

Work Comp Insurance Company Yes No Bill Company Direct Yes No

Name _____

Address _____

Phone (_____) _____ Contact _____

Policy No: _____