



CENTER FOR WORK INJURIES
Another name for the Center for Orthopaedics & Sports Medicine



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TO: Workers Compensation Case Manager

Center for Work Injuries' (CWI) policy is to provide the ***Workers' Compensation Visit Information Form*** to the employer, insurance company, or third party administrator concerning office visits for the work related injury. This form is completed at each office visit.

The attached authorization form will allow you to obtain the patient's signature to authorize your attendance at the office visit. Authorization is required each time you attend an appointment.

We have also attached the Work Comp Billing Information Form that may be completed to provide us the correct billing information and entity to fax the Workers' Compensation Visit Information Form to. (Note: If you have already completed this form it is not necessary to complete it again.)

Please understand that the policy does not release all information. COSM provides all office notes to the insurance carrier with the billing statement as required under the Pennsylvania Workers Compensation Act.

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