



MORELAND FAMILY MEDICINE ASSOCIATES  
 717 WEST MORELAND BOULEVARD • WAUKESHA, WISCONSIN 53188  
 PHONE 262-542-9100 FAX 262-542-7366  
**WORKER'S COMPENSATION INFO**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Account #: \_\_\_\_\_ SS: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Primary Doctor: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Injury: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

How Injury Happened: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* For MFMA Staff Only \*\*\*\*\*

Employer's WC Insurance Carrier: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

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