



799 Nelson Street
Rockville, MD 20850

1010 Vermont Ave. N.W. #501
Washington, DC. 20005
www.chineseacupunctureherbcenter.net

Worker's Compensation Authorization Personal Information

Patient Name: _____ Social Security: _____

Date of Injury: _____ Reported to: _____

Employer's Information

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Insurance Information

Claim#: _____ Adjuster Name: _____

Insurance Information: _____

Treatment Authorization By: _____

Title: _____

Signature: _____ Date: _____

Note: This form is for injuries reported while at work. Please return this form to Jie Jin, L. Ac as soon as possible.