Chinese Acupuncture & Herb Center

9075 Shady Grove Ct.
Gaithersburg, MD 20877

529 14th Street NW #988
Washington, DC. 20045
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.