MANSFIELD
F·A·M·I·L·Y
PRACTICE
Limited Liability Company
Dr. Kenneth Dardick, MD. * Dr. Ross Winakor, MD. * Dr. Ayaz Madraswalla, MD. * Dr. Sandra Hughes, MD.
Jean Walikonis, APRN * Allison Cook, PA-C *
34 Professional Park, Storrs CT 06268 p: 860.487.0002 · f: 860.429-1663

WORKERS COMPENSATION FORM

Patient/Employee Name: _____ DOB:_____

Social Security Number:_____

Date of Accident/Injury: _____ Was an Accident Report Filed? __ YES _ NO

Employer Name:_____

Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Name of Insurance Company: _____

Insurance Company's Address: _____

City, State, Zip: _____

Claim#: _____

Name of Legal Representative If Any: _____

Address: _____

City, State, Zip:_____

Phone: _____ Fax:_____

Description of Injury: _____

_____

_____

Signature of Employer/ Responsible Party: _____

Date:_____