

If you have had a work related injury, we need the following information ASAP. Until this is received, you are financially responsible for your bill. PLEASE PRINT.

1) Patient Name: _____

2) Date of Injury: _____

3) Name of Worker's Comp Carrier: _____

4) Address of where to send claims:

5) Claim Number: _____

6) Name of person in charge of claims: _____

7) Phone number of person in charge of claims: _____

8) What area of your body is the injury? _____

Please note that if this information is not provided, this bill IS your responsibility.

Please forward this information to:

Amy @ Dr. Roth's office
1627 Lake Lansing Road
Suite 200
Lansing, MI 48912-3788.
Telephone: (517)485-1789 x8012
FAX: (517)485-2357