



**Workman's Compensation**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Workman's Compensation Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_

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

Employer at time of injury: \_\_\_\_\_

**Assignment of Insurance Benefits.** Patients with insurances please read and sign: I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance and any other health plans, to: **Fairbanks Community Imaging**. This assignment will remain in effect until revoked by me in writing; a photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges that are not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_