

Patient Name: \_\_\_\_\_

DOI: \_\_\_\_\_

Workers Compensation Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim# \_\_\_\_\_

Authorization Requested:  Yes  No

Notes: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, have been made aware that I am requesting self-procured care with Dr. Dakota Montgomery, D.C.. All attempts to receive authorization from my insurance company have been denied or I have declined to provide such information so that we may attempt to receive authorization on your behalf.

I understand that while being treated for a active workers compensation injury I am unable to bill any group health or other insurance for my care. \_\_\_\_\_(initial here)

I have agreed to pay cash for all care. \_\_\_\_\_(initial here)

Please feel free to contact our Workers Compensation Specialist, Jennifer Moniz at (530) 528-8471 with any questions you may have.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date