

DRAC Physical Therapy

200 Providence Highway

Dedham, MA. 02026

Workers Compensation Billing Information

Employer: _____

Address:

Telephone #: _____

Contact Person: _____

Date of Injury: _____

Did you file an injury report with employer? Yes _____ **No** _____

Claim Number: _____

Utilization Review Contact: _____

Telephone #: _____

Insurance Company: _____

Address:

I am informed and understand that DRAC PT will not bill attorneys for services rendered. I am responsible for all bills incurred if my PIP is met and private insurance denied. DRAC PT will provide any necessary documentation at my request along with a \$50.00 records fee.