

## New Workers Compensation Patient Information

\*Please complete and fax back to Playa Vista Medical Center at (310) 862-0402.

- If a work-related injury or illness results in medical treatment beyond first aid, you must record it on the Cal/OSHA Form 300.

Employee Name:	
Employer:	Job Title:
Employer Address:	
Supervisor Name/Title Authorizing Treatment:	Phone: Email: Secure Fax:
Work comp insurance carrier:	Policy #:
claims billing address:	Phone: Fax:

### First Aid:

If the injury or illness **did not involve** death, one or more days away from work, one or more days of restricted work, or one or more days of job transfer, more than 1-2 doctors visits and there were no Rx strength medications written then please provide any First Aid Billing details if applicable.

First Aid Billing info:

Attn:	Phone:
Email invoice:	Mailing Address: