



# REAGAN MEDICAL CENTER

*Family Medicine, Urgent Care & Diagnostic Center*

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## WORKERS COMPENSATION INFORMATION FORM

### PATIENT INFORMATION

Patient's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Patient's address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### CONTACT INFORMATION FOR CLAIMS

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Claims Telephone #: \_\_\_\_\_

Mailing address for claims: \_\_\_\_\_

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- 2878 Five Forks Trickum Rd, Lawrenceville, GA 30044. Tel: 678-344-8700
  - 2696 Lawrenceville-Suwanee Rd, Suwanee, GA 30024. Tel: 770-771-5570
  - 3685 Braselton Hwy, Dacula, GA 30019. Tel: 678-546-9800
  - 289 Grayson Highway, Lawrenceville, GA 30046. Tel: 770-771-5560
  - 10160 Medlock Bridge Rd, Johns Creek, GA 30097. Tel: 678-387-1600
  - Diagnostic Center: Lawrenceville, GA 30044. Tel: 678-221-8000

Fax (all locations) 678-344-8600      [www.rmc.md](http://www.rmc.md)