



REAGAN MEDICAL CENTER

Family Medicine, Urgent Care & Diagnostic Center

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