



# HIGHLAND CLINIC

A Professional Medical Corporation

**ADMINISTRATION**  
D. B. MAXWELL, Administrator  
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## WORKERS' COMPENSATION REGISTRATION

Today's Date: \_\_\_\_\_

### Patient Information

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

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Injured Body Part: \_\_\_\_\_

### Employer Information

Employer Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

### Insurance Information

Workers Comp Ins. Carrier \_\_\_\_\_

WC Ins Co Address: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjuster Phone: \_\_\_\_\_ Adjuster Fax: \_\_\_\_\_

### Referral Information

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Refer to: \_\_\_\_\_ Appt Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

ALLERGY, ASTHMA, & CLINICAL IMMUNOLOGY  
DIABETES & NUTRITION CENTER  
GASTROENTEROLOGY  
INTERNAL MEDICINE  
OBSTETRICS & GYNECOLOGY  
OPHTHALMOLOGY – PEDIATRIC  
PHYSICAL MEDICINE & REHABILITATION  
SLEEP MEDICINE  
THE WOMEN'S CLINIC

CONCIERGE MEDICINE  
EAR, NOSE & THROAT  
HAND & MICRO VASCULAR SURGERY  
INTERVENTIONAL PAIN MANAGEMENT  
OCCUPATIONAL MEDICINE  
ORAL & MAXILLOFACIAL SURGERY  
PLASTIC & RECONSTRUCTIVE SURGERY  
SURGERY – GENERAL & VASCULAR

DERMATOLOGY  
ENDOCRINOLOGY  
HEMATOLOGY & ONCOLOGY  
NEUROLOGY  
OPHTHALMOLOGY  
ORTHOPAEDICS & SPORTS MEDICINE  
RADIOLOGY  
VEIN CENTER