



Work Comp Appointment Form
 Fax to AOA - 316-631-1617

Work Comp Demo

AOA - Advanced Orthopedics Associates
 9828 E. Shannon Woods. Ste 100, Wichita, KS 67226
 316-631-1600 – www.aoaortho.com

All info must be completed before appointment can be scheduled

Account #										
AOA Physician:		Is this a KANSAS work comp claim:						YES	NO	
Patient Name:			Pt. Phone #		DOB:		SS #:			
Patient Address:				Interpreter needed? YES NO				Sex:		
Patient Email:										
Employer:						Employer Phone #:				
Employer Address:						Employer Fax #:				
Work Comp Insurance Co.				Ins. Phone #:		Ins. Fax #:				
Insurance Co. Address										
Adjuster Name:				Adjuster Fax #:		Adjuster Phone #:				
Adjuster email:										
Claim to be filed with:		Employer	Insurance Company			Prism		Claim #:		
Appointment Scheduled by: (Name & Title)						Phone #:				
Person Giving Verbal Authorization:		Employer	Insurance Company		Referring Physician:					
Nurse Case Manager:				Case Mgr. Phone #:		Case Mgr. Fax #:				
What part of body to be treated?						Date of Injury:				
Has the patient had surgery?		No	Yes	By Whom?						
List any other previous treating physician:										
Attorney Involved?		No	Yes	Attorney Name:						
Fax Appointment Date Confirm to:										
Consult*		Evaluate/Treat			2 nd Opinion*		IME*		Prevailing factor	

TO BE COMPLETED BY AOA:

EMERGENT/URGENT: ROUTE TO NURSE:

 Initials Date

Comments:				
Dr.		Appt Date:	Time:	Check-in time:
Entered by:		Date:		Chart No.