



NEW Patient Contact Information
Ft Walton Beach/Destin/Milton/Crestview
Panama City/Pensacola
referrals@dynamicpainandwellness.com
FAX (877) 413-5104
PHONE (850) 226-6801

WORKER'S COMP - NEW PATIENT REFERRAL FORM

DATE: _____

REFERRING DR: _____ NPI: _____

PHONE: (_____) _____ FAX: (_____) _____

PATIENT INFORMATION

NAME: _____

DOB: _____ SSN: _____ GENDER M F

PHONE: (_____) _____ ALT PHONE: (_____) _____

ADDRESS: _____

DIAGNOSIS CODE and DESCRIPTION: _____

CLAIM INFORMATION

DOI/DOA: _____ W/C INSURANCE CARRIER: _____

CLAIM NUMBER: _____

CLAIM'S ADDRESS: _____

CASE MANAGER NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

EMPLOYER INFORMATION

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

APPROVED SERVICES TO BE COMPLETED BY CASE MANAGER

AUTHORIZATION NEEDED FOR OFFICE VISITS? YES NO

AUTHORIZATION NEEDED FOR PROCEDURES? YES NO

AUTHORIZATION NEEDED FOR DME? YES NO

PATIENT CAN BE TREATED BY ANY PROVIDER AT OUR PRACTICE? YES NO

IF NO, WHICH PROVIDERS CAN TREAT PATIENT: _____

DWC-25 REQUIRED AT EVERY OFFICE VISIT? YES NO

DWC-25 REQUIRED AT PROCEDURES? YES NO

W-9 FORM REQUIRED? YES NO

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