Randi Braman, D.O.
Betty Wang, D.O.
Monique Husbands-Onyeukwu, M.D.
Leanne Hedges, PA-C
Kerri Davis, CRNP
Genna Sellers, CRNP
Melissa Bassett, CRNP

BW PRIMARY CARE
Bridge to Wellness

Bridgette Provost, M.D.
Eileen Wiesenberger, D.O.
Donnell James, PA-C, MMS
Jill Koeppen, CRNP
Emily Lee, CRNP
Thomas Withuhn, M.D.

Worker's Compensation Waiver
&
Claim Information

Patient Name: _____ **Date Of Birth:** _____

Date Of Injury: _____

Employer Name: _____ **Employer Phone Number:** _____

Employer Address: _____

Claim Number: _____ **Contact Person:** _____

WC Insurance Company: _____ **WC Phone Number:** _____

Claim Representative Name: _____

WC Mailing Address: _____

I authorize payment of medical benefits to BW Primary Care, LLC. for all services related to this worker's compensation claim.

If the claim has not been paid within 90 days from the date of service, you will be required to pay the balance in full.

Patient Signature: _____ **Date:** _____