



Robert C. Cantu Concussion Center

Emerson Health



310 Baker Ave. Concord, Ma 01742

Phone: 978-287-8250

Fax: 978-287-8202

Patient Worker Compensation /MVA Information

Please make sure to advise registration (PSC) if your primary insurance for the Concussion is Worker's Comp or MVA. Incomplete or missing information may delay appointment scheduling or the processing of Prior Authorizations. If you have any questions regarding this form, please call our office at (978) 287-8250. Once complete, please email this form to the Concussion Center inbox at cantuconcussionctr@emersonhosp.org or bring it with you to your Appointment.

INJURY:

Date of Injury: _____ How was the injury sustained? _____

PATIENT INFORMATION:

First Name: _____

Last Name: _____

Date of Birth: _____

WORKER'S COMP/MVA:

Is your injury related to a workers' compensation claim or motor vehicle accident claim?

Yes

No

If yes, please provide of the following claim information:

Insurance Company Name: _____

Claim #: _____

Claims Address: _____

Adjuster's Name: _____

Contact Phone #: _____

Fax #: _____