

Danville Orthopaedics and Sports Medicine
Joseph L. Lukins, MD
Shelby T. White, MD
Jeremy W. Tarter, MD
Janak R. Talwalkar, MD
J. Steve Smith, MD

Worker's Comp/ Auto Accident Verification

This form MUST be completed and brought with you to your appointment.

PATIENT NAME _____

EMPLOYER _____

INSURANCE CO. _____

INSURANCE PHONE _____

INSURANCE ADDRESS _____

CLAIM NUMBER (if available) _____

DATE OF INJURY _____

CONTACT PERSON _____

COMMENTS _____

333 So. 3rd Street, Suite B, Danville, KY 40422
Phone (859)236-8730
Fax (859)236-4468
www.danortho.com