Walk In Family Medicine Center

3795 W. Boynton Beach Blvd.
Suite D
Boynton Beach, Fl 33436

Phone 561-736-2000
Fax 561-740-0771
Info @walkinfamilymedicinecenter.com

Please complete the following information to set up your Workers Compensation Account.
Once information is verified we will be able to take care of your Workers Compensation needs.

Company /Business
Tax ID #
Address
Phone
Fax
Email
Contact Person
Insurance Carrier
Address
Phone
Fax
Policy #
Managed Care Network

Do you require a mandatory Drug Screen?
If yes, who do we bill?
Do you require a mandatory Breath Alcohol Screen?
If yes, who do we bill?

By providing us with this information, we will set up an account for your company. However, it is still necessary for you to contact our office prior to sending an employee for treatment.
Please have the following information available.

1. Employee Name
2. Employee Social Security Number
3. Claim Number
4. Date of Injury
5. Nature of injury
6. Authorizing Person

Are there any special circumstances regarding your company we should be aware of?

Do you require any special services?

Person completing form____

Position of person completing form____

Signature____

Date__________________________________