



Work Related Temporary Account Form

Your company has not established an account with Texas MedClinic for the treatment of work related injuries. As such, a staff member has referred you to our website to print out the is form. In order for our physicians to treat your employee's work related injury, this form needs to be completed.

After completing the required information on this form you can:

- Fax the form to the clinic your employee will be using
- Or have the injured employee bring the form to the clinic

Without this completed form we will not be able to treat your employee's work related injury. Our physician will ensure that the employee is medically stable and he/she will be referred to the emergency room for further evaluation and treatment.

San Antonio/Selma

Loop 410 / Broadway

Ph: 210.821.5598

Fx: 210.341.7513

IH 35 N / Eisenhower

Ph: 210.655.5529

Fx: 210.655.5504

IH 35 N / Loop 1604

Ph: 210.659.5533

Fx: 210.698.6627

Blanco / Parliament

Ph: 210.341.5588

Fx: 210.341.7513

IH 10 W / Wurzbach

Ph: 210.696.5599

Fx: 210.699.8152

Open 24/7/365

Ingram / Loop 410

Ph: 210.520.5588

Fx: 210.522.1125

Loop 1604 / Bandera

Ph: 210.694.4884

Fx: 210.695.4949

IH 10 W / Leon Springs

Ph: 210.698.6617

Fx: 210.659.7755

Hwy 151 / Loop 410

Ph: 210.682.5577

Fx: 210.647.5566

SE Military / Roosevelt

Ph: 210.927.5580

Fx: 210.927.2700

Loop 1604 / Stone Oak Pkwy

Ph: 210.549.5893

Fx: 210.549.5894

New Braunfels

IH 35 N / Hwy 46

Ph: 830.606.5533

Fx: 830.606.5535

Austin

IH 35 S / Slaughter Ln

Ph: 512.291.5577

Fx: 512.291.5576

N MoPac / Parmer

Ph: 512.835.5577

Fx: 512.836.0166

Patient Name: _____
DOB: _____
Claim # (optional): _____
Received by: _____



New Account Billing Information - Work Related Injuries

In order to treat your work related injury, Texas MedClinic must obtain the billing information for either your employer or your employer's Workers Compensation insurance. State laws set forth by the Division of Workers Compensation prohibit medical providers from billing or accepting payment from the patient for the treatment of work related injuries if the company has Workers Compensation Insurance. If we cannot determine if your employer has insurance for work related injuries our physician will only ensure that you are medically stable and you will be referred to the emergency room for further evaluation and treatment.

Employer Information: All information is required for this section

Company Name: _____
Address: _____ City: _____
_____ State: _____ Zip code: _____
_____ Company Contact: _____ Phone: _____
Email: _____ Fax: _____

Billing Information: Select one of the following options. All items that have an * are required.

* Information provided by (company contact): _____
* Date: _____

Bill our Workers Compensation Insurance

* Name of Insurance: _____ * Insurance Address/Phone number: _____
* Is the company in the Network: Yes _____
 No _____
* Name of Network: _____

Bill our company, we do not carry Workers Comp Insurance

* Company Billing Address: _____
* Company Name: _____
* Is the company in the Network: Yes _____
 No _____
Name of Network: _____ City: _____
State: _____ Zip: _____

* How did you hear about Texas MedClinic? _____