



Worker's Compensation Claim and Billing Information

(Please fill out as much information as possible or submit to your Human Resources department to return to expedite the processing and payment of your work comp claim.)

Date seen:

Department visited: (circle one) ER FastTrack Radiology Lab PT

Patient Name:

Date of Birth:

Hospital Account Number:

Employer:

Employee Address:

Human Resources Contact:

Human Resources phone #:

INJURY/ACCIDENT DATE:

Work Comp Carrier:

Work Comp Mailing Address:

Work Comp Contact/Adjuster:

Work Comp Contact Phone #:

Claim Number:

Please return with a copy of the patient's driver's license.

Return via Email/Fax/Mail, in order of preference:

Email: jenny.bittinger@wnmh.org

Fax: 620.221.3594

Mail: William Newton Hospital

Attn: Business Office

1300 E 5th Ave

Winfield, KS 67156

For questions, please contact the Business Office at 620.222.6248