Worker's Compensation Claim and Billing Information

William Newton Hospital

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: _____ Date of Injury/Accident: _____ Date of Birth: _____

Department Visited: ☐ ER ☐ Radiology ☐ Lab ☐ PT

Patient Name: _____

Hospital Account Number: _____

Employer Name: _____

Employer Mailing Address: _____

Human Resources Contact: _____

Human Resources Phone Number: _____

Work Comp Carrier: _____

Work Comp Contact/Adjuster Name: _____

Work Comp Mailing Address: _____

Work Comp Contact Phone Number: _____

Claim Number: _____

Please return with a copy of the patient's driver's license (listed in order of preference):

Return by email to: jenny.bittinger@wnmh.org

Return by fax to: (620) 221-3594
Attn: Business Office

Return by mail to: William Newton Hospital
Business Office
1300 E 5th Ave
Winfield, KS 67156

We appreciate your compliance in obtaining and submitting this information to us in the next 3 days. Otherwise, your account will remain self-pay and move toward a collection agency until the information is received.