



CompManagement (800) 872-8815
P.O. Box 410980 (314) 925-6015
St. Louis, MO 63141 Fax: (314) 925-6641

Claims for this injured employee are to be completed per your agreement with **CompManagement**.

- 1) Complete a **CompManagement** Physical Capability Form.
- 2) If worker is treated and released same day, submit claims for service directly to **CompManagement**.
- 3) If follow-up appointments are required, notify **CompManagement**. Fax or mail a copy of the Physical Capability Form, physician's notes, reports, test results and recommendations. Send the claims for service directly to **CompManagement**.
- 4) If specialist referral is required, notify **CompManagement** by telephone prior to referral.

PATIENT INFORMATION CARD

Current Date _____ Injury Date _____

Injured Employee Name _____

Nature of Injury _____

Employer Name _____

Employer Address _____

Employer Telephone _____

Name of Employer Contact _____

Signature of Employer Rep _____