

Initial Appointment Scheduled for _____ with:



James R. Goss, D.O.

Charles W. Sanderlin Jr., M.D.

J. Eric Gee, M.D.

Eric Stiefel, M.D.

Michael Clark, M.D.

Justin Cowart, M.D.

Paul Lane, M.D.

Ibrahim Usman-Oyowe, M.D.

Jesse Raszewski, DO, USAR

Chart # _____

Patient Name: _____ DOB: _____

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone/Email: _____

New Patient _____ IME _____ Take Over Care _____ 2nd Opinion _____ 2nd Opinion/Opt. Tx _____

(All case types EXCEPT *New WC Patient* require invoice to be sent and paid PRIOR to scheduling appt)

DOI: _____ SSN: _____ Injured Area(s): _____

Employer: _____ Contact/HR Name: _____

Contact Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Brief Description of Injury /Accident & Treatment Already Received:

Was patient seen at local ER/Urgent care? Y N Where? SGMC SMITH Other: _____

Has patient had imaging? XR MRI CT N/A Where/When? _____

(*Patient must bring copy of imaging disc to their appt if not done at SGMC, Smith or OMRI*)

Claim # _____ W/C Company: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Adjuster: _____ Phone: _____ Fax: _____

Adjuster Email: _____

NCM: _____ Phone: _____ Fax: _____

NCM Email: _____

Billing Network that Processes Claims: _____

3rd Party Vendor for PT/MRIs/Orders etc. _____

Are we authorized to take XR in office: Y N Can we provide DME: Y N Limit: \$200 Other: _____

Do they accept the GA fee Schedule? Y N Can we provide medications in-house? Y N