



Family Center for Health Care
At Citizens Health

310 East College Drive
Colby, KS 67701

Tel: (785)462-6184 / Fax: (785)460-1490
www.cmciks.com

Workers Compensation Authorization Form

Patient Name: _____ DOB: _____

Employer Name: _____

Employer Address/City/State/Zip: _____

Employer Phone: _____ Fax: _____

Date of Injury: _____ Appointment Date/Time: _____

Has a claim been open (circle one): Yes No If yes, claim number: _____

Insurance Carrier: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Briefly describe the injury:

Print Authorized Personnel Name:

Signature of Authorized Personnel:

Date:
