

To Whom It May Concern:

Thank you for choosing Workplace Health & Wellness, formerly Industrial Medicine, at Grand View Health for your occupational injury care. In order to streamline the process in caring for your employee and to ensure that we have accurate information, we will need the following documentation should the need arise to refer your employee to a specialist, diagnostic testing and/or treatment.

Please complete the enclosed **Workers' Compensation Insurance Information** form. This is often needed before an appointment can be scheduled with a specialist. We are also requesting that you include a copy of your **most recent panel list** of physicians.

Please fax 215-453-4719 or email [workplacehealth@gvh.org](mailto:workplacehealth@gvh.org) the completed information sheet and panel list to Workplace Health & Wellness.

**\* Please direct any questions or concerns to  
Workplace Health & Wellness at 215-453-4941.**

Thank you for your assistance.

Sincerely,

Your Occupational Medicine Team  
at Workplace Health & Wellness at Grand View Health

**WORKERS COMPENSATION INSURANCE INFORMATION**

Dear Employer,

We are requesting your assistance to insure that our records are accurate in providing care and referrals for your employees.

Name of Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Injury \_\_\_\_\_

Name of Employer \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurer \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Adjuster's Name \_\_\_\_\_

Adjuster's Phone # \_\_\_\_\_ Claim # \_\_\_\_\_

Any preference for MRI or Therapy location (if necessary) \_\_\_\_\_

(If not noted on panel list)

Please fax, mail or email the completed form and panel list to:

**WORKPLACE HEALTH & WELLNESS****Grand View Hospital Campus****4 Lifemark Drive****Sellersville, PA 18960****Fax: 215-453-4719****Email: [workplacehealth@gvh.org](mailto:workplacehealth@gvh.org)**

\* Please direct any questions or concerns to Workplace Health &amp; Wellness at 215-453-4941.

THANK YOU!