Ridge Family Practice, P.C.

• Clarine I. Coker, M.D. • Jennifer S. Kay, M.D. • Jill R. Sobczyk, P.A.-C
• Alan J. Pokorski, P.A. Tammy Hunke P.A. –C Katelyn Crouch, P.A. -C

Worker's Compensation Information Sheet

Date: _____ Account #:_____

Patient's Name: _____ Initial Injury Date:_____

Company Name: _____ Contact Phone: _____

Company Address: _____

Person Authorizing: _____ Title: _____

Work Comp Ins. Company: _____

_____

Employee's Signature

Main Office
201 Ridge St. #201
Council Bluffs, IA 51503
Phone: (712)322-5899
Fax: (712)322-5730

Treynor Office
31 East Main
Treynor, IA 51575
Phone: (712)487-3636
Fax: (712)487-3737

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Notice of Physician's Lien

To: _____ Re: _____

Notice is hereby given that Ridge Family Practice, P.C. doing business at 201 Ridge Street, Suite 201, Council Bluffs, Iowa 51503, claims a lien in the amount of $_____ on any sum awarded in judgment or obtained by settlement or compromise because of the injuries sustained by the patient on or about _____.

Said lien is in the amount of the reasonable value of services necessarily furnished in the treatment of, and in the connection with the injury for which the patient in this case claims damages.

Dated at Council Bluffs, Iowa this ____ day of _____, 20____.

By: _____

Title: _____

I have read and fully understand the above document:
Signed,

_____
Patient Signature

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