



Housatonic Valley Radiological Associates

67 Sand Pit Road, Suite 105
Danbury, CT 06810
Tel: (203) 797-1770

Conrad P. Ehrlich, M.D.

Medical Director

Jeffrey L. Stein, M.D.

Community Based Imaging Excellence for Over 25 Years

Accredited by the American College of Radiology

WORKER'S COMPENSATION INFORMATION

Name (last) _____ (first) _____ (mi) _____
 Date of Birth _____ SS# _____ Sex (M/F) _____ Age _____
 Street Address _____
 City _____ State _____ Zip _____ Home Phone # _____
 Mailing Address (if different) _____
 City _____ State _____ Zip _____ Alternate Phone # _____
 Employer's Name _____
 Address _____ P.O. Box _____
 City _____ State _____ Zip _____ Work Ph # _____ Ext _____
 Supervisor's Name _____ Phone # _____ Ext _____
 Date and Time of Injury _____
 How Did Accident/Injury Occur? _____
 Who Did You Report Your Injury To? _____
 Referring Physician _____ Copies of Report to: _____

AGREEMENT TO PAY MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE OR IF COMPENSATION CLAIM IS DISALLOWED

Co. Case #	Carrier Case #	Nature of Illness or Injury
Worker Compensation Insurance Carrier		Worker's Compensation Insurance Phone #

IN THE EVENT I FAIL TO PROSECUTE THE CLAIM FOR WORKER'S COMPENSATION FOR THE ILLNESS OR CONDITION, OR IT IS DETERMINED BY THE WORKMAN'S COMPENSATION BOARD THAT THE ILLNESS OR CONDITION IS NOT THE RESULT OF A COMPENSABLE WORKER'S COMPENSATION CASE, I, _____ hereby agree to pay Housatonic Valley Radiological Associates, PC, or its affiliates usual and customary fees for services rendered to the above named claimant in the above identified case. I understand I will be responsible for any and all charges I will have incurred in seeking services at this office.

Signature _____ Date _____

If signed by other than claimant, Print Below:

Name _____ Relationship of Signer _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

HVRA-Danbury
HVRA-Southbury
HVRA-New Milford

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800 Main Street South, Southbury, CT 06488
131 Kent Rd, New Milford, CT 06776

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