



****PLEASE FILL OUT INFORMATION AND FAX BACK****

NEWPORT URGENT CARE
1000 Bristol Street North, Suite 1B
Newport Beach, CA 92660
949-752-6300
949-752-6333 fax

WORKCOMP INSURANCE INFORMATION

EMPLOYERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ FAX: _____

WORKCOMP CARRIER: _____

CLAIMS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

POLICY NUMBER: _____

Injured Employee's Name: _____

Date of Injury: _____ Body Part Injured: _____

THANK YOU
Venus Elliott, Office Manager