Wagner Rehab, LLC

Medical Case Management & Vocational Rehabilitation
24 Eastman Ave
Bedford, NH 03110

Referral Date: / /

Referred By:

E-mail Address:

Insurance Carrier Information

Adjuster's Name:

Insurance Company:

Street Address:

City, State & Zip:

Telephone Number: ( ) -

Fax Number: ( ) -

Carrier's File #:

Treating Physician

Full Name:

Street Address:

City, State, & Zip:

Phone Number: ( ) -

Employer's Information

Company's Name:

Employer's Contact Name:

Street Address:

City, State & Zip:

Phone Number: ( ) -

Please Select One

Initial Contact(s) Desired With:

☐ **Employer** ☐ **Injured Employee**
☐ **Treating Physician** ☐ **All of the Above (3 Point Contact)**

Other (Specify)

Please Select One

Service Requested:

☐ **Vocational Rehabilitation**
☐ **Medical Case Management**

For Medical Case Management, please specify what type:

☐ **Field Case Management**
☐ **Telephonic Case Management**

Phone: (603) 669-5954 Fax: (603) 218-6038

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Employee's Information

Full Name:
Street Address:
City, State & Zip:
Telephone Number: ( ) -
Type of Injury – Body Part(s):
Social Security#: (optional)
Date of Birth: / /
Date of Injury: / /
Date of Hire: / /
Occupation/Job Title:
Average Weekly Wage: $
Temporary Total Rate: $

Plaintiff's Attorney Information (If Applicable)

Attorney's Name:
Firm:
Address:
Telephone: ( ) -
Fax Number: ( ) -
E-mail Address:

Defense Attorney's Information (If Applicable)

Attorney's Name:
Firm:
Address:
Telephone: ( ) -
Fax Number: ( ) -
E-mail Address:

Comment

