

Our records indicate your current policy has expired. The Centers for Occupational Health must obtain current Workers' Compensation Billing Information prior to treating any new injuries for your company. Please complete the below information and fax this form back to Billing at 610-595-6869 or email to donna.maute@crozer.org or theresa.caton@crozer.org Thank you.

Workers' Compensation Insurance Carrier: _____

C/O TPA: (if applicable) _____

Bill to Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Policy Number: _____

Effective Date of Policy: _____ through _____

A Third Party Administrator is not your Workers' Compensation carrier. An insurance company issues your Workers' Compensation policy. If a TPA is used, however, COH will direct all invoices to your Insurance Carrier c/o the TPA. If no TPA is used, all invoices will be directly sent to your insurance carrier. If you have listed a TPA as your Workers' Compensation Carrier you must supply us with the name of your actual Insurance Carrier. We can not treat any new injuries until complete information is obtained. Thank you!