

Lancaster Office: 810 Plaza Boulevard Lancaster, PA 17601 Office 717-394-5088

Fax 717-394-5590

Ephrata, PA 17522 Office: 717-733-4891

Ephrata Office: 561 W. Trout Run Road

www.TheENTCenterpa.com

## **Worker's Compensation Claim Form**

Name of Employee:		DOB:	
Date of Injury:	Social Security N	Number:	
Name of Employer:		Phone:	
Employer Address:			
Employer Contact:		Phone:	
Worker's Compensation Insurance	Carrier:		
Insurance Address:			
Insurance Phone:		Claim #:	