



Boston Bone & Joint Institute  
71 Border Road, Third Floor, Waltham, MA 02451

Phone (781) 890-2133 Fax (781) 890-2177

## Worker Compensation Information Form

*Note: BBJI OCC MED does not accept MA DIA rates as payment in full\**

Please return completed form to: [workinjuries@bbji.com](mailto:workinjuries@bbji.com)

### Employee/Employer/Worksite Information:

Name of Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Direct Employer: \_\_\_\_\_ General Contractor ( N/A): \_\_\_\_\_  
Worksite: \_\_\_\_\_ Safety Manager: \_\_\_\_\_  
Safety Mgr phone: \_\_\_\_\_ Safety Mgr email: \_\_\_\_\_

### Who is responsible for paying for this worker's care?

- Direct Bill (with notification to WC carrier) or  
 WC Insurance Carrier via  Employer  C-CIP  O-CIP

### Direct Bill/Balance Bill to:

Company Name: \_\_\_\_\_  
Attention to: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_  
 Send invoice via email to: \_\_\_\_\_

### Worker Compensation Insurance Carrier:

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Adjuster Name: \_\_\_\_\_  
Adjuster Phone: \_\_\_\_\_  
Adjuster Fax: \_\_\_\_\_  
Adjuster Email: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

- \*Note:*
1. Follow-up care is contingent on this form being completed and returned as soon as possible after receipt.
  2. If employer decision-makers have not had the opportunity to discuss the value proposition of care via OccMedCIC, please contact Dr. John Burress at [jburress@bbji.com](mailto:jburress@bbji.com)
  3. Negotiated non-DIA rates are an unfortunate imperative given the current Mass WC System; we ask the employer to partner with us to ensure that the full invoice is paid directly, or the balance is paid in full after WC DIA rate insurance payment. For a list of our non-DIA rates or questions, please email [workinjuries@bbji.com](mailto:workinjuries@bbji.com).